



VOLUNTEER APPLICATION

Please fill out and return by fax: 480-649-3167
or by mail: A New Leaf, Attention Volunteer Coordinator
868 E University Drive, Mesa, AZ 85203

Name _____ Today's Date _____
Address _____ City _____ State ____ Zip _____
Home Phone _____ Cell Phone _____
Email _____ Birth date (MM/DD/YY) _____
Emergency Contact _____ Relationship _____ Phone _____
Last School Attended _____ Certificate/Degree _____ Year Grad _____
Employer _____ Occupation _____
Number of Years _____ Work Phone _____ May we contact you at work? Yes No

SERVICE LEARNING STUDENTS

School: _____ # of hours required: _____ To be completed by (date): _____
Course Title: _____ Instructor: _____ Instructor's Email: _____

Are you Bi-lingual? Yes No If yes, what language(s) do you speak? _____

How did you learn about **A New Leaf**? _____

List any prior volunteer experience (Agency and responsibilities) _____

List any hobbies, interests: _____

***The following questions are OPTIONAL and asked so that your volunteer placement will be appropriate for you.**

What, if any, is your experience with child abuse or domestic violence? _____

Are you now or have you ever been in an abusive relationship? Yes No How long ago? _____

How have you resolved issues regarding personally experiencing abuse? _____

Office Use Only Referred to: _____ emailed faxed By: _____ Date: _____

AVAILABILITY

Days MON TUES WED THURS FRI SAT SUN

Times _____

PREFERRED LOCATION

- East Valley (Mesa, Tempe, Chandler, Scottsdale)
- West Valley (Glendale, Peoria, Avondale, Sun City, Sun City West, Surprise)

CONFIDENTIALITY AGREEMENT

As a condition of being involved with persons who are receiving service from *A New Leaf*, I agree not to divulge any information obtained in the course of such involvement. I am committed to protecting the confidentiality of personal health and non-health related information relating to any volunteer, employee, and/or client of *A New Leaf*. Disclosure of information will not be to anyone outside the organization without the person's written consent, and disclosure within the organization will only be to authorized personnel on a need to know basis only. I recognize that the unauthorized release of confidential information may make me subject to a civil action under provisions of the welfare and institutions code.

I agree to protect the physical and electronic information relating to an employee and/or client as stated in *A New Leaf's* policies and procedures. I also realize that *A New Leaf* recognizes the confidentiality of my records.

I understand that any breach in confidentiality may precipitate immediate dismissal and/or legal action.

Signature

Date

FINGERPRINT CLEARANCE AGREEMENT

In many cases volunteering with children in *A New Leaf* programs requires that it be necessary for the volunteer to obtain an FBI background check. As a potential volunteer, I give my permission for *A New Leaf* to conduct a background check through the Arizona Department of Public Safety and I agree to pay for any DPS costs to complete the investigation*. I also understand that any information obtained in the course of the investigation will remain confidential, and should I be denied a clearance that I will immediately discontinue my volunteering at *A New Leaf* or request a volunteer position that does not require a clearance. **Note: payment for DPS background check does not guarantee volunteer placement*

Signature

Date



VOLUNTEER BACKGROUND INFORMATION

Please complete and submit with application package.

Name (Please Print) _____

Are you AWAITING TRIAL for, or have you ever been CONVICTED of any of the following criminal offenses in this state or jurisdiction? Answer YES or NO to each listed offense.

YES NO

- | | | | |
|--------------------------|--------------------------|-----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Sexual abuse of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Incest |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | First or second degree murder |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Kidnapping |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. | Arson |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. | Sexual Assault |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. | Sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. | Contributing to the delinquency of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. | Commercial sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. | Felony offenses involving distribution of marijuana, dangerous or narcotic drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. | Burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. | Robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. | A dangerous crime against children including but not limited to numbers 1, 3, 6, 7, 9, 14, 15, 16, or 18 or taking a child for the purpose of prostitution, child prostitution, or involving or using minors in drug offenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. | Child abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. | Sexual misconduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. | Molestation of a child |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. | Manslaughter |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. | Aggravated assault |

Have you ever COMMITTED any act of

- | | | | |
|--------------------------|--------------------------|----|------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. | Sexual abuse of a child |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. | Sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. | Commercial exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. | Child abuse |

I hereby certify under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____



VOLUNTEER AGREEMENT AND WAIVER

In consideration of the opportunity afforded me to participate in A New Leaf's VOLUNTEER PROGRAM, I hereby agree to the following:

- I understand that volunteer workers have voluntarily agreed to assist in the program, and will not be paid for their services, and that no medical insurance or workers compensation benefits will be provided by A New Leaf.
- The volunteer is not obligated to perform the volunteer services applied for.
- A New Leaf is not obligated to assign him/her volunteer work.
- I respect the right of A New Leaf to dismiss any volunteer for such reasons as poor performance, poor attendance, unwillingness to accept direction, violation of any state or federal law, disregard for volunteer policies and/or procedures, etc.
- The volunteer will complete all necessary orientation, screening and training required by A New Leaf and the assigned facility.
- The volunteer will become familiar with A New Leaf's volunteer policies and procedures and uphold their philosophy and standards.
- The volunteer will not contact A New Leaf's clients outside of the agreed upon time of work at the assigned facility, nor give personal information (address, phone #, etc.) to A New Leaf's clients.
- The volunteer will limit their volunteer activity to their assigned work area unless otherwise directed by a volunteer supervisor.
- I understand and authorize that my application, reference forms, and interview responses may be shared with the facility in which I choose to volunteer. I understand that although the agency respects the confidentiality of volunteer records, it must retain the right to disclose information received when, in the agency's opinion, such disclosure would be in the best interest of the client.
- I understand that A New Leaf uses photos of volunteers in a variety of activities for recruiting and promotional reasons. I am willing to support their efforts. A New Leaf has my permission to use my name, photos, audio and video recordings, interviews in connection with television, radio, or print media. I also understand I have the privilege of refusing such at any time.
- I understand that in connection with activities associated with the programs, I might be exposed to personal bodily damage or damage to my property. With full knowledge of the potential dangers involved, I, on behalf of myself, my assignees, heirs, guardians, and legal representatives, agree to assume any and all risks of property damage, personal injury or death. I hereby voluntarily and fully waive, relinquish, and release any and all rights, claims or causes of action against A New Leaf, it's agents, employees, officers, and directors, the suppliers, sponsors, and volunteers to the programs, collectively and individually.

I acknowledge the foregoing and am aware that this is a release of liability by placing my initials here: _____

I, the undersigned, have carefully read this agreement and fully understand its contents and sign it of my own free will.

Name (Please print): _____

Signature: _____ Date: _____