

It is our policy to deal with all applicants, volunteers and employees without regard to race, color, religion, sex, national origin, marital status, age, disability, or status as a Vietnam era or qualified disabled veteran. Please inform us if you require an accommodation in order to participate in the application process.

1801 Oak Street · Napa CA 94559 · Phone: 707-224-8266 · Fax: 707-224-8628 · email: volunteer@aldeainc.org

APPLICATION FOR VOLUNTEERING (Please print clearly in ink.) IMPORTANT NOTICE: This is a very significant document. Be very careful as you complete it. Answer each item accurately and completely. Failure to do so may result in not being considered for the position or in termination, if inaccurate or omitted information is discovered after volunteer assignment has begun. Please attach additional sheet(s), if space provided is insufficient. Thank you. Date: Your Initials: PERSONAL INFORMATION NAME DATE OF APPLICATION LAST FIRST MIDDLE LIST (below) ALL OTHER NAMES BY WHICH YOU HAVE EVER BEEN KNOWN PRESENT ADDRESS STREET/UNIT NUMBER STATE CITY ZIP PHONE NUMBER ALTERNATE OR MESSAGE PHONE NUMBER **EMAIL ADDRESS** ARE YOU 18 YEARS OF AGE OR OLDER? Nο Yes INTERESTS AND MOTIVATION TO VOLUNTEER (Please attach additional sheet(s), if space provided is insufficient. Thank you.) Why do you want to Volunteer? Describe your availability for Volunteering opportunities: Describe your most fulfilling Volunteer or Work Experience: Tell us in which areas you are interested in □ Administration ☐ Tutor Volunteering: ☐ Events ☐ Mentor ☐ Fundraising ☐ Holiday Gifts for clients $\square Gardening/Grounds/Maintenance$ ☐ Thanksgiving Dinner for clients ☐ Volunteer Coordination ☐ Other (describe): ☐ Coach Volunteer Position(s) desired: ☐ Community Mental Health Services ☐ Supported Living Services for adults with disabilities ☐ Foster Care/Adoption/Group Home ☐ Administration and Fundraising

EDUCATION (We do n	not require education as a criterion	for Volunteering, unless it is	s expressly require	ed by law or funding s	source for the position)
SCHOOL LEVEL	NAME AND LOCATI	ON OF SCHOOL	# OF YEARS ATTENDED	<u>DID</u> <u>YOU</u> GRADUATE?	<u>DIPLOMA / DEGREE?</u> MAJOR/MINOR AREAS OF STUDY
HIGH SCHOOL				□ No	
				☐ Yes	
COLLEGE(S)				□ No	
				☐ Yes	
				□ No	
				☐ Yes	
Special skills, training, apprenticeships, etc. acquired from employment or other experience					
	KILLS AND BACKGROUND IN	FORMATION (Please att	tach additional she	et(s), if space provid	ed is insufficient. Thank you.)
	ot speak English. Do you speak, languages other than English?		□ Speak	□ Read	□ Write
□ No					□ Write
☐ Yes If so, please indica					
qualifications, or skills wh	other experience, training, nich you feel make you especially t Aldea? If so, please explain.				
List professional, trade, offices held.	business, or civic activities and				
Have you ever had any j States military? If so, ple	ob-related training in the United ase explain.				
DRIVER LICENSE NUMBEI	Re this information if applying for a p				
DPOESSIONAL DEE	ERENCES (List two professional r	oforoncos (noonlo who have	a warkad with you	and are able to com	ment on your skills and abilities)
Reference #1 NAME	LINE (LISE EWO PROTESSIONAL)	ererences (people who have	e worked with you	and are able to com	ment on your skins and abilities)
PHONE NUMBER(S)					
ADDRESS					
OCCUPATION					
YEARS KNOWN BY YOU					
Reference #2 NAME					
PHONE NUMBER(S)					
ADDRESS					
OCCUPATION					
YEARS KNOWN BY YOU					

EMPLOYERS Please be	gin with your most recent jo	b and please include any milita	ry and/or volunteer activities. Tha	ink you.	
PRESENT OR LAST EMPLO	YER NAME				
ADDRESS				AREA CODE + PHONE NUMBER	
ADDINESS				AREA CODE + FITONE NOWBER	
	ı	T			
STARTING DATE	LEAVING DATE	JOB TITLE			
NAME AND TITLE OF IMM	EDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
TERMINATION WAS	EXACT REASON FOR LEA	VING			
□ VOLUNTARY					
☐ INVOLUNTARY					
DESCRIPTION OF WORK					
NEXT PRIOR EMPLOYER					
ADDRESS				AREA CODE + PHONE NUMBER	
STARTING DATE	LEAVING DATE	JOB TITLE			
NAME AND TITLE OF IMM	EDIATE SUPERVISOR		MAY WE CONTACT?	AREA CODE + PHONE NUMBER	
	T				
TERMINATION WAS	EXACT REASON FOR LEA	VING			
☐ VOLUNTARY					
□ INVOLUNTARY					
DESCRIPTION OF WORK					
We require that you	read the information	helow and indicate you	r understanding and agreen	nent to these terms by signing in the	
		est in Volunteering with		ment to these terms by signing in the	
space provided. The	ilik you lot your ilitere	st iii volunteening with	Alucu:		
Please Read Carefull	y, Initial Each Paragra	ph. and Sign Below			
		_			
			ge, and that my desire to se	erve must, at all times, be affirmed by	
Initials Aldea	a through its screening	process.			
Luna			-1	that I was i'd to be a stance and	
	_			that I provide two references and,	
•			=	rification of past employment, finger	
·	_	nd check, and DMV repo			
	•	_		to act in compliance with the Mission	
Initials and \	falues, policies, and pr	ocedures of Aldea Childr	en & Family Services.		
Lund	aretand the guidelines	for the Valuateer position	on and understand the reso	ansibilities associated with it	
I und Initials	erstand the guidelines	for the volunteer position	on and understand the resp	onsibilities associated with it.	
	larstand that training	and accountability are l	you support for my volunt	eer position. I will attend training, as	
	_			er position. I will attend training, as er position to which I am appointed.	
initiais requi	irea for the position, di	na meet with the leader	responsible for the volutile	er position to which i am appointed.	
Signature	re Today's Date				

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VOLUNTEER LIABILITY RELEASE FORM

In consideration of my desire to serve as a volunteer for Aldea Children & Family Services ("Aldea"), I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary relief effort, disaster exercise or other activity of any nature, including the use of equipment and facilities of Aldea.

Further, I, for myself and my heir, executors, administrators and assigns, hereby release, waive and discharge Aldea and its officers, directors, employees, agents and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands and causes of action.

Further, I expressly agree that this release, waiver and indemnity agreement is intended to be as broad and inclusive as permitted by the State of California, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known mental or physical condition that would impair my capability for full participation as intended or expected of me.

Photographic Release

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by Aldea, the Board of Directors and their officers, employees and agents in connection with any use of a product arising out my volunteer service for Aldea. I authorize Aldea to obtain and hold copyrights in such Program and products, and to edit my performance and materials in its sole discretion.

I understand that Aldea has no obligation to air or publish such Program and products, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by Aldea under the provisions of State of California Statutes.

I, the undersigned, am at least 18 years of age or years of age. Further, I have carefully read the fo contents thereof and sign this release as my own	regoing release and indemnification	•
Signature of Participant (over 18 years old)	Printed Name	Date
Signature of Parent/Guardian (if applicable)	Printed Name	Date
Phone Number	Email	



Confidentiality Agreement

- **I. Purpose.** The purpose of this Confidentiality Agreement is to protect the identity and privacy of our clients. Staff and Volunteers at the Agency encounter personal and sensitive information about clients. This is particularly true when assisting immigrant survivors of domestic violence, human trafficking, torture and persecution, and unaccompanied immigrant children. Therefore, it is very important to refrain from disclosing any information to third parties about our clients to avoid causing them harm.
- **II. Confidential Information**. Confidential client information should never be discussed in the presence of third parties, except under the Terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the Terms outlined below.

Confidential information includes, but is not limited to, the following:

- 1. Identifying information about the client, including name, address or phone number;
- 2. Information relating to the client's family;
- 3. Information regarding the client's immigration status;
- 4. Information about the abuse, trauma, and/or persecution experienced by the client; or
- 5. Any other information that would identify the client or potentially place the client and/or family members at risk.
- **III. Terms.** By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:
- 1. All communications between Agency staff, volunteers, and clients are confidential.
- 2. The staff or volunteer shall not disclose confidential information to a third party without the client's express consent to release such information.
- 3. The staff or volunteer shall not disclose confidential information to a third party without Agency's knowledge and consent.
- 4. I understand that as a staff or volunteer, I have a duty to keep client information confidential throughout my term as a staff or volunteer as well as after my employment or volunteer status ends.
- 5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff or volunteer at the Agency.

l,, have read the above the Agency's Confidentiality Agreement and understan (print name) its terms and my responsibilities as a volunteer or parent/guardian of a volunteer under the age of 2						
Signature of Participant	Date	Signature of Supervisor (Aldea Representative)	Date			
Signature of Parent/Guardian	Date	Signature of Supervisor (Aldea Representative)	Date			
Phone Number		Fmail				