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| Date: | _____ By: _____ |
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VOLUNTEER APPLICATION

Please return to: Heidi Anderson, Volunteer Coordinator
 Mailing Address: A New Leaf, 868 E University Dr. Mesa, AZ 85203
 Phone: 480.464.4648
 Fax: 480.649.3167

If you have questions, contact: handerson@turnanewleaf.org

Name _____ Today's Date _____

Address _____ City _____ State ____ Zip _____

Phone (HM) _____ Phone (Cell) _____

E-mail _____ Birth Month ____ Day ____ Yr ____

Emergency Contact _____ Relationship _____ Phone _____

Last School Attended _____ Certificate/Degree _____ Year Grad _____

Employer _____ Occupation _____

Number of Years _____ Phone (WK) _____ May we contact you at work? Yes ____ No ____

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|---|
| For a Service Learning Project: School _____ # of hours ____ To Be Completed by _____ Instructor _____ Course Title _____ |
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Does your employer offer matching grants to organizations that its employee volunteers for? Yes No Don't Know

Are you Bi-lingual? Yes No If yes, what languages do you speak? _____

How did you learn about A New Leaf, formerly PREHAB or Arizona? _____

List any prior volunteer experience have you had: _____

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?

AVAILABILITY

Days _____

Times _____

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 require 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.

Signature

Date