

Volunteer/Intern Application

VOLUNTEER INFORMATION

Name: _____ Age (required): _____

Phone: _____ Select One: Cell Home Business

Email: _____

Address: _____

City, State and Zip: _____

POSITION INTEREST

Is there a specific program or position that you are applying for?

If not, what kind of volunteer activities are you interested in? Please check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Crisis Hotline Phone Lines | <input type="checkbox"/> Translation/interpretation;
Languages: _____ |
| <input type="checkbox"/> Information & Referral Phone Lines | <input type="checkbox"/> Board Member: _____ |
| <input type="checkbox"/> Community outreach and advocacy | _____ |
| <input type="checkbox"/> Administrative support and data entry | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Resource development and fundraising | |
| <input type="checkbox"/> Social media, blogs, internet/computer support | |

Do you have access to a vehicle that you would be willing to use while volunteering? Yes No

If yes, please specify: Car Truck SUV Van Other

What are you looking for in a volunteer/intern experience?

Why would you like to volunteer with Connect2Help?

When are you available to volunteer? (Check all that apply):

- Mornings
- Afternoons
- Evenings

- Weekdays
- Weekends

If availability is not included, please specify:

Have you volunteered before? If so, please briefly describe your previous experience:

What are some skills or experience that you would like to contribute and/or gain?

Please list any questions or concerns you might have about volunteering with Connect2Help.

Have you ever been convicted of a criminal offense more serious than a minor traffic violation? If yes, please provide details.

REFERENCES (required)

References are contacted to help determine appropriate and rewarding volunteer positions. Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable.

Name:	_____	Relationship:	_____
Email:	_____	Phone:	_____

Name:	_____	Relationship:	_____
Email:	_____	Phone:	_____

Name:	_____	Relationship:	_____
Email:	_____	Phone:	_____

EMERGENCY CONTACT

Name: _____ Phone: _____

VOLUNTEER ACKNOWLEDGEMENT AND SIGNATURE (required)

I believe to the best of my knowledge that all information provided on this application is accurate, true and correct.

I understand that falsification of any information on this application can lead to my termination as a volunteer and that Connect2Help may verify the information in this application.

Volunteer
signature:

Date:

CONFIDENTIALITY AGREEMENT (required)

In signing this agreement, I acknowledge that I have read and understand Connect2Help's confidentiality policies. I understand and agree that in the performance of my duties as a volunteer/intern of Connect2Help, I must hold certain information regarding clients, employees and volunteers in the strictest confidence.

LIABILITY RELEASE (required)

I hereby release, indemnify and hold harmless Connect2Help's, its officers, directors and employees, and the organizers, sponsors and supervisors of all Connect2Help activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Connect2Help.

MEDIA RELEASE (optional)

In signing below, I agree to be photographed, videotaped and/or recorded by Connect2Help while participating in the volunteering with Connect2Help. I understand that Connect2Help will own rights to and may use this media (photographs, videotape, recordings and/or my statements), in whole or part, in Connect2Help materials such as printed publications, Connect2Help website (www.connect2help.org), videos, social media, grant proposals and promotional materials to support Connect2Help and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the Connect2Help. Once requested, Connect2Help will not create new materials using participants' media – but we may continue to use already printed materials until we can make replacements.

- _____ (Initial) **Authorization**
- _____ (Initial) **Confidentiality Agreement**
- _____ (Initial) **Liability Release**
- _____ (Initial) **Media Release**

Volunteer
signature:

Date:

* Connect2Help keeps intake information confidential and does not share personal information with any outside entities. Your contact information is used only to keep you updated on Connect2Help's activities and partnership opportunities. If you have any questions, please contact our **Volunteer Coordinator** at **317.920.4850** or volunteer@connect2help.org.

APPLICANT DATA SUPPLEMENT (Optional)

This optional set of questions helps Connect2Help's Volunteer Center track various data. The information requested is voluntary; you are not required to provide it. Responses to these questions will be removed from your application packet by our Volunteer Coordinator prior to distribution for screening and selection. Thank you!

Sex/Gender Identity: Male Female Other: _____

ETHNIC/RACIAL BACKGROUND

If you are a person with a multi-racial or multi-cultural background, please check all appropriate boxes.

American Indian or Alaska Native Asian Black or African American African

Caucasian Hispanic or Latino Native Hawaiian or Pacific Islander Two or More Races

Other: _____

OTHER INFORMATION

Are you a veteran? YES NO Are you living with a disability? YES NO

If yes to a disability, do you have the ability, with or without reasonable accommodation, to perform the essential function of the position for which you are applying? And if "no," please explain:

How did you learn about this opportunity? (Check all that apply)

Friend or Relative Event/Fair Social Media Connect2Help's Employee

Connect2Help's Website Other: _____

Do you have relative(s) and or friend(s) employed by Connect2Help's? If yes, please specify:

Name: _____ Relationship: _____

Job _____ p:
Title: _____ Location: _____

Please send or email your completed application to:

Connect2Help's, attn. Volunteer Coordinator

3833 N Meridian Street, Indianapolis, In 46208 or volunteer@connect2help.org

PHONE: **317.920.4850**

FAX: **317.920.4885**