

The Empowerment Program, Inc.
VOLUNTEER APPLICATION

This form is designed to help you consider the volunteer role you are interested in taking.

Name _____ Daytime Phone _____
Address _____ Cell Phone _____
Email _____ Zip Code _____

Skills and Interests

Previous Volunteer Experience _____

Hobbies, Interests, Skills _____

Previous Work Experience (Please attach resume, if possible) _____

Educational Background _____

Is there a particular type of volunteer work in which you are interested? (Check all that apply)

- Fundraising
- Helping in general administrative tasks
- Working with participants (explain) _____
- Working in the GED Program
- Other _____

Availability

At what times are you interested in volunteering?

- Flexible
- Prefer weekdays
- Prefer mornings
- Prefer evenings
- Prefer afternoons
- Other _____
- There are times during a week that I cannot do volunteer work:

How many days a week would you like to volunteer? _____

References

Please give the names and addresses and telephone numbers of two people who can provide a reference for you.

1.

2.

The Empowerment Program, Inc.
VOLUNTEER APPLICATION

Interview Questions for Potential Volunteers

1. What attracted you to The Empowerment Program? Is there any aspect of our work that most motivates you to volunteer here?
2. What would you like to get out of volunteering here? What would make you feel like you've been successful?
3. What have you enjoyed most about your previous volunteer work?
4. What have you previously enjoyed about your paid job? (if applicable)
5. What skills do you feel you have to contribute?
6. What can I tell you about our organization?

Match with Volunteer Positions

Discuss potential volunteer positions and check match of interests, qualifications and availability

Position	Comments
1. _____	_____
2. _____	_____
3. _____	_____

Empowerment – Office Use ONLY

Applicant Selected to volunteer with _____ and to perform the following tasks:

Applicant Not Selected because _____

The Empowerment Program, Inc. Confidentiality Agreement

As a paid employee, volunteer, student, intern, community service person, member of the Board of Directors, or other designation of the Empowerment Program, your position may expose you to confidential information. Any information you may acquire, either directly or indirectly, may not be divulged to anyone except as may be required in the course of your work. If legal summons is involved, the Executive Director is to be notified immediately. Your response to that summons may be only with the approval of the Executive Director. This confidential information includes, but is not limited to, HIV status (positive or negative) and drug and alcohol use or treatments.

- In addition, the protection of confidential business information is vital to the interest and success of the Empowerment Program. Any requests involving budgets or other financial information should be referred to the Executive Director.
- To engage in any discussion of such confidential information is a breach of confidence and may involve you in legal proceedings. Breach of any confidential information may result in disciplinary action up to and including immediate termination.

I have read The Empowerment Program Confidentiality Policy regarding confidential information and understand this agreement. My signature below certifies that I agree to abide by the policies set forth herein and understand the penalties for any breach of confidentiality.

Printed Name: _____

Signature _____

Date _____

Confidentiality Agreement is to be hand delivered, mailed or faxed with original signature.