

NORTHERN REGIONAL CENTER FOR INDEPENDENT LIVING, INC.

Volunteer Application

Name: _____

Address: _____

Phone: _____

Who should NRCIL call in case of an emergency?

Name: _____ Phone: _____

Accommodations you may require?

Is transportation a problem? Yes _____ No _____

What days of the week would you like to work?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Do you have other work/volunteer experience? Yes _____ No _____

If yes please describe:

Volunteer Report

A. Helping with projects

- 1. Working on fundraising
- 2. Going to rallies
- 3. Working on special events
- 4. Making posters for rallies / events
- 5. Writing Letters (to public officials, etc...)
- 6. Making phone calls
- 7. Public speaking
- 8. Accessibility surveys

B. Working on issues

- 1. ADA / accessibility
- 2. Employment
- 3. Education
- 4. Recreation
- 5. Health insurance/ health care
- 6. Against assisted suicide
- 7. Home health care issues
- 8. Accessible transportation issues

I AM AVAILABLE FOR THIS:

- 9. Weekdays
- 10. Weeknights
- 11. Weekends

C. Helping at the office

- 1. Bulk Mailings
- 2. Answering phones / reception
- 3. Janitorial - inside building
- 4. Janitorial - exterior building
- 5. Typing (can also be done at home)
- 6. Making copies

D. Helping to get items donated

- 1. Computers / software
- 2. Office furniture
- 3. Office supplies
- 4. Household items, furniture
- 5. Disability-related items

Volunteer Report

E. Helping with projects

- 1. Talking with someone who has the same disability as you
- 2. Talking with another family member
- 3. Giving rides - your car
- 4. Giving rides - their car
- 5. Training to do household tasks
- 6. Employment / career mentoring
- 7. Recreation / sports mentoring
- 8. Reading onto tape
- 9. Reading or writing for a consumer
- 10. Attending meetings
- 11. Teaching someone to use a computer

I AM AVAILABLE TO DO THIS:

- 12. Weekdays
- 13. Weeknights
- 14. Weekends

G. Where can I volunteer:

- 1. At my home
- 2. At the center
- 3. In public areas - indoors
- 4. In public areas - outdoors
- 5. In crowded ares

F. Do you have work experience in any of these areas?

- 1. Office / clerical (specify):
- 2. Computer (specify):
- 3. Fine arts / performance arts (specify):
- 4. Teaching or tutoring (specify):
- 5. Former / current profession (specify):

HOW I WOULD PREFER TO WORK:

- 6. One on one
- 7. In a small group
- 8. In a large group

NORTHERN REGIONAL CENTER FOR INDEPENDENT LIVING, INC.

CONFIDENTIALITY POLICY

A condition of employment at NRCIL is the signing and adherence to the "Pledge of Confidentiality". NRCIL employees shall not divulge names or information about people receiving services at the Center to any person other than NRCIL staff and only then on a "need to know" basis, unless a signed release of information has been obtained to exchange information with any specific individual(s) or agency(s).

PLEDGE OF CONFIDENTIALITY

I, _____ understand that in the course of my work for the Northern Regional Center for Independent Living, Inc. (NRCIL), I may learn certain facts about individuals, consumers or volunteers being served by NRCIL that are of a highly personal and confidential nature. Some examples of such information are medical condition and treatment, finances, living arrangements, employment, sexual orientation, relations with family members and associated concerns. I understand that all of such information must be treated as completely confidential. I agree not to disclose any information about any individual to any person outside of the appropriate Confidentiality Circle without specific signed consent of the individual to whom such information pertains. I acknowledge that access to confidential files is limited to the Consumer to whom the file pertains, the Advocate with whom the Consumer is addressing issues, that Advocate's direct Support Staff as defined in the Organizational Chart, the Data Entry Clerk, whose job it is to maintain NRCIL's files in an effective and efficient system, the Executive Director, who as circumstances demand, may access any file on this property, and appropriate representatives of NRCIL's funding sources as per relevant contractual agreements.

VOLUNTEER

Print Name: _____ Date: _____

Signature: _____ Date: _____

WITNESS

Print Name: _____ Date: _____

Signature: _____ Date: _____