



# VOLUNTEER APPLICATION

**Our Mission is:**

The *mission* of Native Americans for Community Action, Inc. is to empower and advocate for Native people and others in need to create a healthy community based on Harmony, Respect and Indigenous values.

Native Americans for Community Action (NACA), encourages the participation of people who wish to support our mission. Orientation and screening through NACA are required for volunteer positions. All potential volunteers will be interviewed prior to placement. If you agree with the state mission and are willing to be interviewed, we encourage you to complete and submit this application. The information you provide here will help us find the most satisfying and appropriate volunteer assignment(s) for you.

Thank you for your interest in Native Americans for Community Action.

**PLEASE PRINT**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CELL PHONE \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

GENDER (OPTIONAL):    Male (M)    Female (F)            BIRTH DATE (OPTIONAL): \_\_\_\_\_

AGE: (Check one) \_\_\_\_\_ 18 & older \_\_\_\_\_ \*Under 18 (\*requires parent/guardian consent)

**EMERGENCY CONTACT INFORMATION**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

Please tell us why you are interested in becoming NACA Volunteer? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you required to do community service?     Yes     No

Explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I would like to volunteer \_\_\_\_\_ hours per week or \_\_\_\_\_ hours per month. (Teens are limited to no more than four (4) hours per week unless otherwise approved.)

Please indicate which days/times you would prefer to volunteer:

Monday: \_\_\_\_\_            Tuesday: \_\_\_\_\_            Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_            Friday: \_\_\_\_\_            Saturday: \_\_\_\_\_  
Sunday: \_\_\_\_\_            Other: \_\_\_\_\_

Do you have any difficulties standing, lifting, or have other physical restrictions? \_\_\_\_\_

Please explain: \_\_\_\_\_

Describe any work experience and/or previous volunteer work. \_\_\_\_\_

Are you proficient in any language(s) other than English? \_\_\_ Yes \_\_\_ No \_\_\_ Speak \_\_\_ Read \_\_\_ Write  
If YES, What other language(s)? \_\_\_\_\_

Are you meeting a class requirement for volunteer hours? \_\_\_ Yes \_\_\_ No  
If YES: Number of hours required: \_\_\_\_\_ Completion date: \_\_\_\_\_

Have you been court ordered to do community service? \_\_\_ Yes \_\_\_ No  
Have you ever been convicted? THEFT \_\_\_ Yes \_\_\_ No SEXUAL OFFENSE \_\_\_ Yes \_\_\_ No  
DRUG/ALCOHOL OFFENSE \_\_\_ Yes \_\_\_ No  
Please explain: \_\_\_\_\_

**Liability Release & Waiver:** I, the undersigned, understand that my participation with NACA is strictly on a volunteer basis. I understand that there are inherent risks associated with my volunteer activities.

In exchange for NACA's agreement to allow me to participate as a Volunteer, I hereby release NACA, including its officers, agents and employees, from any and all claims of liability of any kind whatsoever including, but not limited to, claims of negligence and/or injury to me arising out of my participation in NACA. I understand that by signing below I am waiving any and all claims of liability including, but not limited to, claims of negligence and/or injury to me, against NACA, its officers, agents and employees, arising out of my participation in the NACA Volunteer program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**MINOR CONSENT:** I, \_\_\_\_\_ give consent for  
(Parent or Guardian)  
\_\_\_\_\_ to volunteer at NACA.  
(Minor's Name)

Parent/Guardian signature (if under 18): \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER AGREEMENT

As a Volunteer with Native Americans for Community Action (NACA), I agree to:

- ◆ Hold absolutely confidential all information that I may obtain, directly or indirectly, concerning clients and staff. I agree not to seek to obtain confidential information from a client. I understand that an intentional or unintentional violation of confidentiality may result in disciplinary action, including termination of this agreement and/or possible legal action by others (e.g., clients, customers).
- ◆ Be available to volunteer for a minimum of 3 months and 50 hours.
- ◆ Become familiar with NACA policies and procedures, and uphold their philosophy and standards. I will seek clarification from my assigned program coordinator or staff whenever necessary.
- ◆ Donate my services to NACA without contemplation of compensation or future employment.
- ◆ Be punctual and conscientious, conduct myself with dignity, courtesy, and consideration for others, and strive to make my work professional in quality.
- ◆ Maintain appropriate Volunteer attire and maintain a well-groomed appearance for all Volunteer assignments.
- ◆ Attend training whenever possible.
- ◆ Carry out my assignments in accordance with NACA training, and seek assistance from the Program Coordinator or NACA staff whenever necessary.
- ◆ Limit my activity to my assigned work area unless otherwise directed by the Program Coordinator.
- ◆ Communicate any job related problems, concerns, differences of opinion, conflicts, or suggestions only to the Volunteer Coordinator.
- ◆ Adhere to sign-in and scheduling procedures.
- ◆ Notify the Program Coordinator when I am unable to work as scheduled.
- ◆ Notify the Program Coordinator if I choose to discontinue my volunteer service with NACA.

I understand that NACA reserves the right to terminate my Volunteer status as a result of any of the following:

- Failure to comply with organizational policies, rules, and other regulations.
- Unsatisfactory attitude, work, or appearance.
- Any other circumstances which, in the judgment of the Program Coordinator or CEO, would make my continued service as a Volunteer contrary to the best interest of NACA.

I have read and understand each of the above conditions. My signature below indicates that I agree to comply with them.

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Printed Name

Signature

Date

## **VOLUNTEER AREAS OF INTEREST**

Please let us know which of the following volunteer positions are of the greatest interest to you at this time. Occasionally there are limited openings for particular volunteer positions. **Please mark three (3) volunteering preferences, and prioritize by numbering 1 through 3.** (1<sup>st</sup> choice, 2<sup>nd</sup> choice, 3<sup>rd</sup> choice)

\_\_\_\_\_ **ADMINISTRATIVE SUPPORT:** The perfect place if you want to provide support for helping clients rather than working directly with them. Needs are sporadic, but skills include: data entry, filing, light phones, copying, training material preparation and typing.

\_\_\_\_\_ **PUBLIC INFORMATION BOOTHS:** Like to talk? This is a great way to share vital NACA programs information with people. Requires strong communication and people skills. Often involves either set-up or break-down of information table(s) and packing/unpacking materials. May involve some lifting.

\_\_\_\_\_ **SPECIAL EVENTS:** Assist with episodic and annual events. Assist with set-up and break-down of displays loading and unloading Off-site. May involve heavy lifting. Assist with episodic and annual events (i.e., Sacred Mountain Prayer Run and County Fair).