



*Thank you for your interest in volunteering with New Beginnings!
Please complete and submit the following Volunteer Application to the **Community Engagement Coordinator** prior to arranging an interview.*

First Name: _____ Middle Initial: _____ Last Name: _____

Complete Mailing Address: _____

Email: _____

Phone: _____

Emergency Contact Full Name, Relation & Number: _____

School Name & Location: _____

How did you learn about New Beginnings?

- Google Search Referred by: _____
 United Way Volunteermatch School program: _____
 Event: _____ Social Media: _____ Other (website/source): _____

Relevant Volunteer, work or school experience (most recent first):

Dates	Agency/Organization	Position	Description of Duties

Why would you like to volunteer with New Beginnings?

What kind of experience do you have working with children?

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What areas are you interested in supporting? Please mark an **X** by the areas you are interested in:

Childcare	
Youth Advisory Committee (share your input on curriculum and prevention efforts New Beginnings is working on)	
Office/Clerical	
Outreach and Education	
Other (please write in)	

Do you speak another language? ___ Yes ___ No

Language(s): _____

On a scale from 1-5 (five being very fluent) how fluent are you? _____

What special skills and interests would you like to incorporate into your volunteer activity? Please mark an **X** by all that apply:

Administrative/ Clerical	Arts Instruction/ Performance
Computer/Software Literacy	Construction/ Carpentry
Cooking/Food Service Prep	First Aid / CPR
Fundraising/Grant Writing	Database Development/Maintenance
Finance / Accounting	Graphic Design/ Desktop Publishing
Hardware/Network Support	Language Translation / Interpretation
Legal Services	Media/ Public Relations
Facilities/Handy	Public Speaking/Outreach
Medical Services	Mental Health/ Counseling
Research / Evaluation	Performer / Musician
Photography/Videography	Project Management/Oversight
Special Event Planning / Production	Sports/Recreation Coach/Referee
Supervision/ Management	Teaching / Tutoring
Volunteer Management	Therapy Animal Team Handler
Web Development/Maintenance	Writing / Editing
Other (please write in):	

Are you able to make a six-month commitment, one 2-hour+ shift each week at this time? ___ Yes ___ No

Hours available (please write the time-frames you are available):

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Please list two references (please feel free to use teachers, friends or mentors. Please no family members):

Name	email and phone	Relation
_____	_____	_____
_____	_____	_____

Due to the vulnerability of our clients, we require volunteers to submit information to request WA State Patrol Criminal History Information (Background Check). *This is in accordance with Information Act: RCW 43.43.830 – 43.43.845.* To complete the check properly, please provide the information below.

Alias/Maiden Name(s): _____ DOB: _____ Sex: _____ Race(s)/Ethnicity/(ies): _____

VOLUNTEER RELEASE STATEMENT

As a condition of my participation in the New Beginnings Volunteer Program, I hereby release New Beginnings and its agents, associates, and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activity. I acknowledge and agree that my volunteer position can be terminated with or without cause. I authorize New Beginnings to solicit information regarding my character, previous employment and similar background information, including conducting a Washington State Patrol Background check. I also authorize New Beginnings to photograph me during my volunteer tenure. I'm also aware that I'm covered by Liability & Insurance and must report an injury within 48 hours of an incident.

Applicant Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

New Beginnings Volunteer Contract

New Beginnings is a non-profit agency, staffed by professionals and volunteers. A volunteer's job is demanding and rewarding, providing an opportunity for personal growth and service to their community. New Beginnings values the work volunteers contribute. Being a part of New Beginnings requires a commitment and different positions have different expectations. The purpose of this contract is to list some rules that all personnel are expected to follow, and to clarify each applicant's understanding of these expectations.

By signing this contract, you are making the following commitments to maintain high standards of service to New Beginnings and the participants we serve:

- ✓ In the event that I am prevented from working my scheduled shift, I will contact my Volunteer Lead at least 24 hours in advance.
- ✓ I agree not to reveal any information regarding the location of the programs to anyone at any time. I understand that doing so would jeopardize the safety of participants, staff and other volunteers.

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- ✓ I agree when off-site, not to reveal information that I hear, see or read while at a New Beginnings site. This includes personal information about staff, names of clients, Help Line callers, details of situations, or who is accessing services from New Beginnings.
- ✓ I will not bring unauthorized visitors to any New Beginnings site.
- ✓ If I receive a ride from a friend/family member to a New Beginnings site, the person providing a ride is also responsible for keeping the location confidential.
- ✓ All contact with clients will be conducted while on site at New Beginnings. No personal contact with clients outside of the agency in person or via telephone will be permitted
- ✓ I will sign in and out on the volunteer sign-in sheet in so that the Volunteer Coordinator can maintain an accurate record of all hours.
- ✓ I accept the responsibility for attending orientation and asking questions and checking in with staff when I feel uncertain about something.
- ✓ I will give two weeks' notice prior to my resignation or notice for leave.
- ✓ In the event of my resignation or termination from New Beginnings, I will maintain the confidentiality of all information gathered through my experience with the agency.
- ✓ This contract may be terminated for the following reasons:
 - Revealing confidential information
 - Use of alcohol or drugs prior to or during my shift
 - Failure to abide by the policies of New Beginnings
 - Chronic tardiness or no shows for assigned shifts
 - Failure to meet acceptable standards of performance as a volunteer member

Applicant Signature: _____ Date: _____

Legal Guardian Signature: _____ Date: _____

Suspected Child Abuse and/or Neglect Reporting & CPS Tool Kit Viewing Consent Form

I agree that I viewed the CPS Tool Kit video titled, "What Mandated Reporters Need to Know about Racial Disproportionality in the Child Welfare System." The video can be viewed at: <http://alturl.com/istxt>.

You are strongly encouraged, but not required, to watch the Mandated Reporter's Video, which can be found in the lower right hand corner of this link: <http://www.dshs.wa.gov/ca/safety/abuserreport.asp>

I also acknowledge that, as a regular employee, relief worker, or volunteer of New Beginnings, I have a duty to report suspected child abuse and/or neglect in accordance with Washington State Law (RCW 74.34.010(10)).

Signature: _____ Date: _____

Parental Consent

In order for your child to become a volunteer with New Beginnings, we ask for your consent and your involvement in helping them to have a positive experience. If you agree to the following, please sign below: I hereby give permission for my child to serve as a volunteer at New Beginnings. I understand that volunteers age 15+ may volunteer without a guardian present. I understand that my child will be provided with orientation and supervision for the safe and responsible performance of his/her duties. He/she will be expected to meet all the requirements of the position, including regular attendance and adherence to the agency's policies and procedures. I understand that he/she will be a volunteer and will not receive monetary compensation for their contributions.

Legal Guardian Signature: _____ Date: _____

Email this completed form to:

epankow@newbegin.org

Alternatively, you can mail your application to the following address:

Attn: Erin Pankow
New Beginnings
P.O. Box 75125
Seattle WA 98175-0125

THANK YOU!