



VOLUNTEER APPLICATION

Aurora does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

PERSONAL INFORMATION

First Name:		Last Name:	
Street Address:			
City:	State:	Zip:	
Phone:	Email:	Would you like to subscribe to our e-newsletter? Yes [] No []	
Date of Birth:	Are you 18 years or older? Yes [] No []	Gender: M [] F []	

TIME COMMITMENT

What kind of time commitment would you like to make? *Check one that best represents you.*

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="radio"/> I'll give one day/activity a week <input type="radio"/> I'll give one day/activity a month <input type="radio"/> I'll participate in special events or projects as needed | <ul style="list-style-type: none"> <input type="radio"/> I'll give more than one day/activity a week <input type="radio"/> I'll give more than one day/activity a month <input type="radio"/> Other: |
|---|---|

What times do you have in mind to volunteer?

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

EMPLOYMENT EXPERIENCE

Employer Name:	
Supervisor:	Phone:
Position Title:	
Duties & Skills:	

For office use only		
<input type="checkbox"/> Entered in Volunteer Database	<input type="checkbox"/> Media and Statement Consent Release	<input type="checkbox"/> Contractor Affidavit Civil & Criminal History
<input type="checkbox"/> Personnel file created	<input type="checkbox"/> Agreement & Understanding Release	
<input type="checkbox"/> Name badge created	<input type="checkbox"/> Confidentiality Policy Agreement	

EDUCATIONAL EXPERIENCE

How many years of formal education have you completed? _____ years

Check all that apply: High School [] Business/Technical [] College/University [] Graduate []

Describe your certificate, degree, field of study or trade:

REFERENCES

	NAME	PHONE	RELATIONSHIP
PERSONAL REFERENCE			
PROFESSIONAL REFERENCE			

VOLUNTEERING

What motivated you to become a volunteer?

Why did you select Aurora?

How did you find out about our volunteering at Aurora?

Have you worked with homeless individuals in the past? If yes, please describe the situation.

Describe your experience within non-profits and/or serving the community.

Do you have any hobbies or talents you would like to share with our organization?

What responsibilities are you interested in performing?

- Client Based Work Front Desk Office Work Fundraising
- Donation Processing Laundry Inventory Event Staff
- Website Help Cleaning Other: _____ Where there is the greatest need

I certify that the above information is true and accurate and providing inaccurate information will be grounds for dismissal.

Signature

Printed Name

Date



MEDIA and STATEMENT RELEASE for MINOR CHILDREN

Please review the following statements regarding the release of your image and personal statements. Select the boxes where permission is granted.

If this form is being completed for a minor child or children with the same parent or legal guardian, please sign the form as a Parent or Legal Guardian and list the names and ages of the child or children.

[] I authorize Aurora, Inc. to use my (child/children’s) photograph and name to further their mission to prevent and end homelessness in our community.

I understand that my (child/children’s) photograph may be used in a wide variety of promotional materials including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other printed and digital communications.

[] I authorize Aurora, Inc. to use my (child/children’s) personal story, testimonial, and/or statements to further their mission to prevent and end homelessness in our community.

I understand that personal story, testimonial, and/or statements may be used in a wide variety of promotional materials including newsletters, flyers, posters, brochures, advertisements, fundraising letters, annual reports, press kits and submissions to journalists, websites, social networking sites and other printed and digital communications.

Signature Printed Name Date

Parent or Legal Guardian Signature Printed Name Date

Name(s) of Minor Children Ages



CONTRACTOR AFFIDAVIT REGARDING CIVIL & CRIMINAL HISTORY

Any person who has or could ever have unsupervised direct contact with clients must complete this section.

Please review the following questions carefully and answer truthfully. Providing untruthful or inaccurate information will be grounds for dismissal. Circle either YES or NO. If you answer "yes" to any question, give details including date, place, nature of conviction, and disposition

1. Have you ever been convicted of a felony OR a misdemeanor? YES NO
If "yes", give details including date, place, nature of conviction, and disposition.

2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? YES NO
If "yes", give details, including the type of charge.

3. Have you ever been OR are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled? YES NO
If "yes", give details, including the county in which the investigation occurred, your social security number, your date of birth, and any other names you may have used during this time frame.

I hereby declare the information provided in this statement is true and correct. I also agree to inform the Executive Director if I am named in complaints or indictments or convictions of offenses as described in items 1 and 2, or if I am ever investigated for offenses as described in item 3.

I certify that the above information is true and accurate and I know that providing inaccurate information will be grounds for dismissal.

Signature

Printed Name

Date



AGREEMENT and UNDERSTANDING RELEASE

I wish to volunteer for Aurora, Inc.

I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer.

I hereby release, hold harmless and covenant not to file suit against Aurora, Inc. and any of their employees, volunteers, partners, agents, sponsors, board members, and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer.

Signature

Printed Name

Date