



VOLUNTEER/INTERN APPLICATION FORM

ACCEPT

100 Washington Street Suite 250

Reno, NV 89503

Phone (775) 786-5886 / Fax (775)786-5893

Name:

Address:

City/State/Zip:

Home Phone:

Cell Phone:

E-mail:

Five Years Employment (add a page if more space needed):

Education (add a page if more space needed):

Past & Current Volunteer History:

Notate Your Availability:

Mon

Tues

Wed

Thurs

Fri

Mornings

Afternoon

Evenings

Desired Length of Assignment by months: 3 months ___ 6 months ___ 6-12 months > ___

By hours: _____ Are you available for on-call work? Y ___ N ___

Please clarify if work is desired on specific projects:

Special Skills or Talents:

What do you want to achieve as a volunteer/intern? (e.g. gain school credit, work experience, court-mandated service):

In case of emergency, please contact:

Name: _____ Phone: _____

Physician: _____ Phone: _____

Have you ever been convicted of a crime or felony? You may omit: a) traffic violations (***Driving under the Influence MUST be reported***); b) Any conviction committed prior to your 18th birthday which was fully adjudicated in Juvenile Court or under a youth offender law; c) Any incident sealed under Welfare and Institutions Code Section 781 or Penal Code Section 1203.45; d) Any marijuana conviction, more than two (2) years old, described in Labor Code section 432.8. If **Yes**, please explain and give disposition:

Please note that a background investigation and fingerprinting will be required before placement in any sensitive volunteer/intern positions.

References: Please list the names of two individuals we may contact as a reference. *Do not list relatives.*

Name: _____ Relationship to you: _____

Phone: _____

Name: _____ Relationship to you: _____

Phone: _____

Attach your resume and or CV to this application.

I authorize investigation of all statements combined in this application form and any supporting documents and I understand that a background check may be conducted. I authorize ACCEPT and its community partners to secure information from the references I have provided and release all parties from any liability arising from such investigation.

Signature of Applicant: _____ Date: _____

Checklist for Skills and Interests

(Mark with an X if the assignment or population is either a skill in which you have experience in and/or interest)

Skill	Interest	Population
		Adults
		Seniors
		Children
		Teens
		Disabled

Skill	Interest	Assignment	Skill	Interest	Assignment
		HIV/AIDS Education Outreach			Data Analysis via Statistical Software
		Substance Abuse Education			Curriculum Development
		Youth Development			Public Speaking
		HIV/AIDS Supportive Services			Community Advocacy
		Grant Writing			Legislative/ Government
		Social Media (Facebook, Twitter,			Others:
		Non-profit Fundraising			
		Strategic Planning			
		Coalition Development			
		Small Business Development			
		General Office Work, Typing, Filing,			
		Program Evaluation & Development			
		Cooking			
		Special Events-Coordination, Marketing, Facilitation			
		Data Collection &			
		Publication Development (brochures, flyers, etc.)			
		Microsoft Office			



OATH OF CONFIDENTIALITY

I, _____, agree to keep confidential all information pertaining to persons receiving care at ACCEPT (Access for Community & Cultural Education Programs & Trainings). I agree not to remove any files from the ACCEPT premises or to disclose any information to unauthorized persons including, without limitation, friends, family, acquaintances, or the news media. In signing this oath, I understand that unauthorized disclosure of client or proprietary information may result in disciplinary action and/or personal civil liability for damages.

Proprietary information includes all information obtained by agency employees or volunteers during the course of their work or volunteer activities.

Confidential information is any information that is not known generally to the public. Examples include, but are not limited to:

- Client information
- Compensation data of others
- Conversations between any persons associated with the agency
- Fees schedules and costs
- Financial information
- Marketing strategies
- Passwords and computer programs
- Pending projects and proposals
- Personnel/payroll records
- Services, strategies, methods

I also understand the ethical codes and standards of providing services which require reporting of the following situations:

- _ That the person receiving services intends to harm themselves
- _ That the person receiving services intends to harm someone else
- _ Information as to direct involvement in child abuse or neglect
- _ Information as to direct involvement in abuse of the elderly
- _ In situations involving minors, must be reported within 24 hours

In signing this agreement, I understand that unauthorized disclosure of client information or failure to report the above-mentioned situations may result in immediate termination of services and/or employment and personal civil liability for damages.

Print Name

Signature

Date



Employee Volunteer Protection & Anti-Retaliation (Whistle-blower) Policy

If any employee or volunteer reasonably believes that some policy, practice, or activity of ACCEPT is in violation of law, a written complaint must be filed by that employee with the Executive Director or the Board President.

It is the intent of ACCEPT to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all employees or volunteers is necessary to achieving compliance with various laws and regulations. An employee or volunteer is protected from retaliation only if the employee brings the alleged unlawful activity, policy, or practice to the attention of ACCEPT and provides ACCEPT with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees that comply with this requirement.

ACCEPT will not retaliate against an employee or volunteer who in good faith, has made a protest or raised a complaint against some practice of ACCEPT, or of another individual or entity with whom ACCEPT has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

ACCEPT will not retaliate against employees or volunteers who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of ACCEPT that the employee or volunteer reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate of public policy concerning the health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

Employee or Volunteer Name Printed _____

Signature _____

Date _____



As an Employee / Board Member / Volunteer, I have read and understand Page 16 Section 3 of ACCEPT's Personnel Policy & Procedure Manual and the Financial Policy & Procedure Manual which is attached.

Print Name

Signature

Date

Please circle one: Employee / Board Member / Volunteer

Volunteer Positions

The duties and responsibilities of volunteers will be assigned by the Executive Director as needed and could include but not limited to: preparing correspondence, which includes fliers, outgoing letters, ACCEPT brochures, making phone calls and Community Outreaches, HERR (Health Education & Risk Reduction Supports groups and Positive Action Substance Abuse Training for Youth. All volunteers of ACCEPT will be required to sign a confidentiality agreement prior to providing services for ACCEPT.

New Hires and the Probationary Period

All new hires sign job duties at time of hire.

The first 90 days of continuous employment at ACCEPT is considered the probationary period. During this time new hires will learn their responsibilities and get acquainted with fellow employees. Also, during this time, the new employee will be closely monitored by their supervisor and the Executive Director.

The supervisor will explain job responsibilities and the performance standards expected. Job responsibilities may change at any time during employment. From time to time, the employee may be directed to work on a special project(s) or to assist with other work that is necessary or important to the operation of ACCEPT

During the probationary period the supervisor or Executive Director will provide the employee with regular performance feedback after thirty (30) days and then after the 90 days.

If the employee successfully completes the probationary period, the Executive Director will review the employee's performance with the employee. If the Executive Director finds the employee's performance satisfactory and decides to continue the employment, the employee will be advised of the successful completion of the probationary period. If it is decided by the Executive Director that improvement is needed by the employee, the employee will be advised in writing of the deficiency, how to rectify the deficiency and a time frame in which the improvement must be accomplished. At the discretion of the Executive Director, the probationary period may be extended for a period not to exceed 30 days.

Successful completion of the probationary period does not alter the fact that the employee is an "at will" employee and may be terminated at any time without cause. Employment with ACCEPT may be terminated at any time at the discretion of the Executive Director or the Board of Directors.

Performance Evaluations

Performance evaluations shall be made at the end of the probationary period and annually thereafter. However, additional evaluations may take place at any time that there is a question