



SEWA-AIFW

VOLUNTEER APPLICATION FORM

PERSONAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Cell Number: _____ E-mail Address: _____

School Name (If student): _____

AREAS OF INTEREST

- | | | |
|--|--|--|
| <input type="checkbox"/> Research | <input type="checkbox"/> Health Clinics | <input type="checkbox"/> Book club |
| <input type="checkbox"/> Administration | <input type="checkbox"/> Health Fair | <input type="checkbox"/> Chai and Chat |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Outreach | <input type="checkbox"/> Communication |
| <input type="checkbox"/> Programming | <input type="checkbox"/> Seniors Program | <input type="checkbox"/> Youth Program |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Women's Program | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Any Other. Please specify _____ | | |

EDUCATION

High School _____ Location _____

College _____ Location _____

Areas of Study _____

Level:

- Current Student Graduated _____

AVAILABILITY

Check all that apply and add the times that suit you the best to work.

Monday ___ to ___

Wednesday ___ to ___

Friday ___ to ___

Tuesday ___ to ___

Thursday ___ to ___

Weekend ___ to ___

EXPERIENCE

Describe any student organizations, job experiences, coursework (undergraduate or graduate), skills, degrees, certifications, or licenses that you have that will help you in volunteering with us.

STATEMENT OF PURPOSE

Describe your career/personal goals and how volunteering will help you reach those goals.

Which language/s can you speak, read, or write?

Anything else that you would like to share?

Signature: _____ Date: _____

Confidentiality Agreement

I _____ agree to keep all the knowledge I receive concerning the clientele of SEWA completely confidential.

- I will only discuss matters concerning clients with SEWA staff
- I will refer any request for information from either individuals or another agency to SEWA Staff.
- I also agree to keep confidential the names, addresses, and phone numbers of SEWA Clients, Safe Homes, Shelters, and SEWA Staff and Volunteers.
- I will respect all privacy policies of SEWA-AIFW during my volunteerism or employment, and beyond.
- I understand that should I break this confidentiality agreement in any way, I will be barred from SEWA

Signature: _____ Date: _____

COVID19 Policy

I _____ agree to take necessary precautions as a volunteer while cooking, prepping, or delivering meals.

- I verify that I am not a senior citizen, and not part of a high-risk or immunocompromised group.
- I verify that I am not an essential worker, and do not have contact with any front-line workers.
- I will wear a mask and gloves (when provided to me) while engaging in any food contact or deliveries.

Signature: _____ Date: _____