# Volunteer Application

Empowered to Change International, Inc. is a very active organization with the mission of impacting and changing lives. As a volunteer of our organization, we are excited that you have signed up to be an active community member helping to facilitate the mission.

It is the mission of ***Empowered to Change International, Inc***

Empowering.

The broken to heal….

The Voiceless to speak…

Communities to come together.

ETC Int Inc., takes an active role against any form of abuse against mankind, with that being said we reserve the right to the check backgrounds of all applicants. In our efforts to foster a safe place we reserve the right to cross-reference any previous history with other organizations.

Volunteer guidelines will be provided upon application approval, the guidelines must be adhered to at all times. The guidelines are not exhaustive and should an issue arise that is not listed the volunteer would need to speak to the supervisor before taking any action with program participants.

Volunteers must be adamant about clear boundaries between their personal life and volunteer service. Volunteers must also operate within assigned volunteer positions.

## Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Interest

In which area are you best suited to volunteer? (Can be more than 1 area selected)

\_\_\_\_\_\_\_ Fundraising \_\_\_\_\_\_\_Homeless/Hunger \_\_\_\_\_\_\_ Volunteer Leadership

\_\_\_\_\_\_\_Building/Repair \_\_\_\_\_\_\_Administration \_\_\_\_\_\_\_\_\_Health/Wellness

\_\_\_\_\_\_\_Domestic Violence \_\_\_\_\_\_\_ Mentoring \_\_\_\_\_\_\_\_ Addiction

### Availability

When are you available for volunteer assignment?

\_\_\_:\_\_\_ - \_\_:\_\_\_ Monday \_\_\_:\_\_\_ - \_\_:\_\_\_ Thursday \_\_\_:\_\_\_ - \_\_:\_\_\_ Sunday

\_\_\_:\_\_\_ - \_\_:\_\_\_ Tuesday \_\_\_:\_\_\_ - \_\_:\_\_\_ Friday

\_\_\_:\_\_\_ - \_\_:\_\_\_ Wednesday \_\_\_:\_\_\_ - \_\_:\_\_\_ Saturday

### Certifications -Are you certified in a) first aid Yes ( ) No ( ), b) CPR Yes ( ) No ( )

Other, please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Special Skills or Qualifications

Skills and qualifications can be acquired through employment, previous volunteer work, and other activities such as hobbies or sports. What skills or qualifications do you have as a volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you speak any other languages: ( ) Yes ( ) No

If yes please list them: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Vehicle Operation***

Do you have a vehicle: ( ) Yes ( ) No

Do you have a valid driver’s license: ( ) Yes ( ) No

Do you have a valid insurance policy: ( ) Yes ( ) No

DL#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Would you be willing to transport program participants and run errands for the organization?

( ) Yes ( ) No

Do you have any criminal convictions other than parking violations and juvenile offenses? ( ) Yes ( ) No

If yes please explain (answering yes does not necessary remove the possibility of you volunteering within the organization).\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### References- Excluding Relatives

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Name Occupation Work Phone

2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name Occupation Work Phone

What do you hope to gain from volunteering?

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

### Person to notify in case of Emergency

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State and Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

It is the policy of this organization to provide equal opportunity without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application and for your interest in volunteering with us. It is also the policy of ETC that should a volunteer be in an unapproved position and lacking the

ability to present boundaries between program participants and themselves, the volunteer will be terminated at the discretion of senior ETC staff.

By submitting this application, I affirm that the facts outlined in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

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

Empowered to Change International Inc. requires that strict confidentiality be maintained concerning all information obtained by volunteers concerning the organization, as well as the program participants and others they serve.

The volunteer shall not disclose any information obtained during his/her volunteer placement to any third parties without prior written consent from the organization. This includes but is not limited to information about financial status, operations such as budget information, donations of money or gifts in kind, salary information, and information about program participants, staff, or other volunteers.

I also understand that this confidentiality pertains to the intellectual property that belongs to the organization. Such property but is not limited to information such as program designs, team development, outreach, and volunteer protocol.

Any violations of the confidentiality agreement can result in criminal charges if applicable. Intellectual property can only be discussed with other agencies by a member of the executive team.

I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer services with the organization. I understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with this organization.

The organization uses the software YourVolunteer, this helps the organization and volunteers communicate times available to volunteer, track hours, and promote communications between the staff and volunteers. We want to make it the easiest way possible to get you connected to the areas to serve. Once your volunteer application has been processed, you

will receive an email from the organization to the email address provided on this application once your volunteer profile has been established. The email will provide you the link to sign in, your username, and password.

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

Witness: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Empowered to Change International, Inc. is asking for your consent to release, post, and record/photographs of you for company use in various types of publications including electronic format. Photo’s/videos are considered a form of information that cannot be released without your consent. You have the right to review all photo’s/videos to be released along with a copy of them at your request.

You have the right to withdraw your consent of releasing photos or videos without repercussion. At the time of your request, your photo’s/videos will no longer be used or posted electronically. If the photo’s/video was already released, we will not be able to remove your photo from the existing documents.

If you wish to stop your consent you must make your request in writing to the Human Resources department and clearly state that you want to stop all or part of your consent., understanding that certain data may have already been released before you revoked release.

I permit Empowered to Change International, Inc. to release photo’s/videos of me.

1. My consent is being given to ETC Int. Inc. Human Resources and related public information officers/employee’s for use in the following venues but not limited to.

* ETC Int Inc website and social media accounts.
* Annual reports.
* Informational Presentations

I do not give Empowered to Change International, Inc. to release photo’s/videos of me.

If you have any questions about this information, please speak with the Human Resources Department before you complete this form.

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_