



VOLUNTEER APPLICATION

Please fill out and return by fax: 480-649-3167

or by mail: A New Leaf, Attention: Shelly Bliss

868 E University Drive, Mesa, AZ 85203

If you have questions, contact: Shelly Bliss sbliss@turnanewleaf.org 480-464-4648

Name _____ Today's Date _____
Address _____ City _____ State ____ Zip _____
Phone (HM) _____ Phone (Cell) _____
Email _____ Birth date (MM/DD/YY) _____
Emergency Contact _____ Relationship _____ Phone _____
Last School Attended _____ Certificate/Degree _____ Year Grad _____
Employer _____ Occupation _____
Number of Years _____ Phone (WK) _____ May we contact you at work? Yes ___ No ___

SERVICE LEARNING STUDENTS

School: _____ # of hours required: _____ To be completed by (date): _____
Course Title: _____ Instructor: _____ Instructor's Email: _____

Are you Bi-lingual? Yes ___ No ___ If yes, what language(s) do you speak? _____

How did you learn about A New Leaf? _____

List any prior volunteer experience (Agency and responsibilities) _____

List any hobbies, interests: _____

****The following questions are OPTIONAL and asked so that your volunteer placement will be appropriate for you.***

What, if any, is your experience with child abuse or domestic violence? _____

Are you now or have you ever been in an abusive relationship? Yes No How long ago? _____

How have you resolved issues regarding personally experiencing abuse?

Office Use Only Referred to: _____ emailed faxed By: _____ Date: _____

AVAILABILITY

Days MON TUES WED THURS FRI SAT SUN
Times _____

PREFERRED LOCATION

- East Valley (Mesa, Tempe, Chandler, Scottsdale)
- West Valley (Glendale, Peoria, Avondale, Sun City, Sun City West, Surprise)

CONFIDENTIALITY AGREEMENT

As a condition of being involved with persons who are receiving service from *A New Leaf*, I agree not to divulge any information obtained in the course of such involvement. I am committed to protecting the confidentiality of personal health and non-health related information relating to any volunteer, employee, and/or client of *A New Leaf*. Disclosure of information will not be to anyone outside the organization without the person's written consent, and disclosure within the organization will only be to authorized personnel on a need to know basis only. I recognize that the unauthorized release of confidential information may make me subject to a civil action under provisions of the welfare and institutions code.

I agree to protect the physical and electronic information relating to an employee and/or client as stated in *A New Leaf's* policies and procedures. I also realize that *A New Leaf* recognizes the confidentiality of my records.

I understand that any breach in confidentiality may precipitate immediate dismissal and/or legal action.

Signature

Date

FINGERPRINT CLEARANCE AGREEMENT

In many cases volunteering with children in *A New Leaf* programs requires that it be necessary for the volunteer to obtain an FBI background check. As a potential volunteer, I give my permission for *A New Leaf* to conduct a background check through the Arizona Department of Public Safety and I agree to pay for any DPS costs to complete the investigation. I also understand that any information obtained in the course of the investigation will remain confidential, and should I be denied a clearance that I will immediately discontinue my volunteering at *A New Leaf* or request a volunteer position that does not require a clearance.

Signature

Date



VOLUNTEER BACKGROUND INFORMATION

Please complete and submit with application package.

Name (Please Print) _____

Are you AWAITING TRIAL for, or have you ever been CONVICTED of any of the following criminal offenses in this state or jurisdiction? Answer YES or NO to each listed offense.

- | YES | NO | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Incest |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. First or second degree murder |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Kidnapping |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. Arson |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. Sexual Assault |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. Sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 8. Contributing to the delinquency of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 9. Commercial sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 10. Felony offenses involving distribution of marijuana, dangerous or narcotic drugs |
| <input type="checkbox"/> | <input type="checkbox"/> | 11. Burglary |
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Robbery |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. A dangerous crime against children including but not limited to numbers 1, 3, 6, 7, 9, 14, 15, 16, or 18 or taking a child for the purpose of prostitution, child prostitution, or involving or using minors in drug offenses. |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Child abuse |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Sexual misconduct with a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 16. Molestation of a child |
| <input type="checkbox"/> | <input type="checkbox"/> | 17. Manslaughter |
| <input type="checkbox"/> | <input type="checkbox"/> | 18. Aggravated assault |

Have you ever COMMITTED any act of

- | | | |
|--------------------------|--------------------------|---------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Sexual abuse of a child |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Sexual exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. Commercial exploitation of a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. Child abuse |

I hereby certify under penalties of perjury that the answers given above are true and correct to the best of my knowledge and belief.

Signature: _____

Date: _____