



VOLUNTEER / INTERN APPLICATION

Dear Potential Volunteer,

Within the following pages you will find the paperwork necessary for becoming an Alternatives For Girls (AFG) Volunteer. All of the attached pages must be fully completed before you can begin Volunteering with AFG. This paperwork includes the following:

- ✓ Application
- ✓ Three reference forms (please have these completed prior to submitting application)
- ✓ Confidentiality Agreement
- ✓ Authorization for AFG to perform background and driver checks on you
- ✓ Driver's pledge
- ✓ Vehicle usage form
- ✓ Central Registry Clearance Form (to be taken or mailed to your local DHS; Department of Human Services; office. If you have had one in the last three months, a copy is acceptable.) This is to verify that you don't have any child abuse or child neglect charges against you
- ✓ List of Orientation Dates
- ✓ A TB Test Voucher is available for you (upon request) if you do not have documentation of having been tested within the last year.

The application, DHS Clearance, and TB test must be completed and submitted before or on the day of the New Volunteer Orientation that you register for. Volunteers must also attend an open house prior to orientation. Please do not hesitate to contact our Volunteer Office for a more thorough explanation if something is not clear.

Please know that all paperwork is able to be submitted via email, fax, US Postal Service or by dropping them off to our front desk and requesting they be placed in the Volunteer Office mailbox.

We look forward to seeing you at a New Volunteer Orientation soon.

Sincerely,

Anna Weaver

Volunteer Services Manager

Alternatives for Girls

903 West Grand Blvd.

Detroit, MI 48208

Phone: (313) 361-4000 x280

Fax: (313) 361-8938

volunteering@alternativesforgirls.org



VOLUNTEER / INTERN APPLICATION

General Data

Name _____ Today's Date _____

Address _____

City, State, Zip _____

Email Address _____

Birthdate _____

Home phone _____ Cell phone _____

Work phone _____ Can you be contacted at work? Yes ___ No ___

Emergency Contact & Relationship to you _____ Phone _____

AFG conducts Criminal Background checks. Have you been convicted of a crime (anything other than a minor traffic violation) within the last ten years? _____

Are there any felony charges pending against you? _____

Driver's License # _____ Do you have your own transportation? _____

Do you plan to drive for AFG? _____ If yes, do you chose to drive your personal vehicle? _____

Race/Ethnicity _____ (for background purposes only)

Experience

Current Job/School _____

Education/Special Training _____

Volunteering _____

Hobbies/ Special Interests _____

Agency Information

How did you find out about Alternatives For Girls (be as specific as possible)? _____

In what capacity are you interested in AFG's Volunteer Program? (Check all that apply)

Internship (must be pre-approved) ___ Volunteer ___

What are the factors that motivated your interest in joining AFG's Volunteer Program? _____

What personal, professional, experiential, or other skills and/or resources would you offer to AFG as a Volunteer?

What do you expect from your volunteer experience? _____

Have you been involved with an organization that serves girls and/or young women? If yes, in what capacity?

What kind of time commitment can you make? (Please list specific days and times if possible.) How long of a commitment do you think you can make at this time? **Please include times of availability and if this is for an internship, please include start and end dates.**

If applying for an internship, does your school allow you to drive for internship purposes? _____

References

Please list the three references that you will give the reference forms to.

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

I understand that I need to meet with and attend New Volunteer Orientation training with the Volunteer Coordinator before I begin my internship or volunteer service. I also understand that I must comply with all of Alternatives For Girls requirements prior to and during my volunteer service or internship.

I authorize Alternatives for Girls to investigate all of the statements in this application and authorize any person or entity named in the application to fully explain the circumstances of my statements. I understand that misrepresentation or omission of facts called for is cause for removal from the Volunteer Program.

Signature _____ Date _____

Office Use Only:

This volunteer/intern has completed all necessary paperwork and all clearances are in order. S/he is free to serve in the following departments:

Prevention____ OES____ Shelter/TIL____ Administration____ Support Ops____ Development____
Other____

Staff Signature _____ Date _____

VOLUNTEER REFERENCE FORM

Volunteer Name: _____

1. What is your relationship to the applicant?

Employer _____	Pastor/Minister _____
Friend _____	Colleague _____
Relative _____	Other _____

2. How long have you known the applicant? _____

3. In general, describe the applicant's relationship with others. _____

4. How would you rate the applicant in terms of his/her listening skills?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

5. How would you rate the applicant's ability to verbally express thoughts and feelings?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

6. How would you rate the applicant's ability to give and receive feedback?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

7. On occasion, our volunteers may have to help clients resolve problems or concerns. How well does the applicant help others solve problems?
(Circle one)

1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

8. How would you describe the applicant's dependability and reliability?

9. Do you know of anything which would be detrimental in the applicant's ability to work with girls and young women in individual and /or group settings? _____

10. Do you feel the applicant is in the position to make a one-year commitment to Volunteering at AFG? _____

11. Based on the volunteer descriptions the accompany this reference form, and upon your knowledge of the applicant, do you feel that the applicant would be a positive role model for our clients? Yes ____ No ____

Comments: _____

**** All responses are confidential and will be kept in a secure location. ****

Your Name _____

Address _____

Phone # _____

VOLUNTEER REFERENCE FORM

Volunteer Name: _____

1. What is your relationship to the applicant?

Employer _____	Pastor/Minister _____
Friend _____	Colleague _____
Relative _____	Other _____

2. How long have you known the applicant? _____

3. In general, describe the applicant's relationship with others. _____

4. How would you rate the applicant in terms of his/her listening skills?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

5. How would you rate the applicant's ability to verbally express thoughts and feelings?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

6. How would you rate the applicant's ability to give and receive feedback?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

7. On occasion, our volunteers may have to help clients resolve problems or concerns. How well does the applicant help others solve problems?
(Circle one)

1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

8. How would you describe the applicant's dependability and reliability?

9. Do you know of anything which would be detrimental in the applicant's ability to work with girls and young women in individual and /or group settings? _____

10. Do you feel the applicant is in the position to make a one-year commitment to Volunteering at AFG? _____

11. Based on the volunteer descriptions the accompany this reference form, and upon your knowledge of the applicant, do you feel that the applicant would be a positive role model for our clients? Yes ____ No ____

Comments: _____

**** All responses are confidential and will be kept in a secure location. ****

Your Name _____

Address _____

Phone # _____

VOLUNTEER REFERENCE FORM

Volunteer Name: _____

1. What is your relationship to the applicant?

Employer _____

Pastor/Minister _____

Friend _____

Colleague _____

Relative _____

Other _____

2. How long have you known the applicant? _____

3. In general, describe the applicant's relationship with others. _____

4. How would you rate the applicant in terms of his/her listening skills?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

5. How would you rate the applicant's ability to verbally express thoughts and feelings?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

6. How would you rate the applicant's ability to give and receive feedback?

(Circle one)

1 – Poor

2 – O.K.

3 – Above Average

Comments: _____

7. On occasion, our volunteers may have to help clients resolve problems or concerns. How well does the applicant help others solve problems?
(Circle one)

1 – Poor 2 – O.K. 3 – Above Average

Comments: _____

8. How would you describe the applicant's dependability and reliability?

9. Do you know of anything which would be detrimental in the applicant's ability to work with girls and young women in individual and /or group settings? _____

10. Do you feel the applicant is in the position to make a one-year commitment to Volunteering at AFG? _____

11. Based on the volunteer descriptions the accompany this reference form, and upon your knowledge of the applicant, do you feel that the applicant would be a positive role model for our clients? Yes ____ No ____

Comments: _____

**** All responses are confidential and will be kept in a secure location. ****

Your Name _____

Address _____

Phone # _____



AGREEMENT OF CONFIDENTIALITY

I, _____, as a volunteer at Alternatives For Girls, agree to observe the following rules and regulations for the duration of my volunteer work at Alternatives For Girls and after I have ended my association as a volunteer:

1. No information regarding specific participants, i.e. names, addresses, etc., is to be divulged by me at any time for any reason except where required by policy and only under the directive of my supervisor.
2. No information that could result in the misuse of the Alternatives For Girls program is to be divulged by me at any time for any reason.

I acknowledge that I understand and agree to follow the above rules and regulations.

Volunteer

Date

Volunteer Services Manager

Date



Alternatives For Girls
© 1998 Alternatives For Girls

BACKGROUND CHECK AGREEMENT

I, _____, agree to have Alternatives For Girls' Volunteer Program verify information included on the application form, check records and conduct investigations as indicated. I hereby waive any rights to bring action for defamation, invasion of privacy, or any similar cause against Alternatives For Girls.

Michigan Driver's License Number

Birth Date (month/date/year)

Volunteer Signature

Date



Alternatives For Girls (AFG), a non-profit organization, helps homeless and high-risk girls and young women avoid violence, teen pregnancy and exploitation, and helps them to explore and access the support, resources and opportunities necessary to be safe, to grow strong and to make positive choices for their lives.

Driver Pledge

I, _____, am committed to safety. With the understanding that driving is a privilege, not a right, I agree to the following:

1. to comply with all driving laws and regulations, including seat belt, infant and child seating regulations, and all safety regulations;
2. to comply with all organizational policies and procedures and any direction offered by my supervisor and AFG leadership;
3. to immediately notify my supervisor (or designee) of any physical conditions, vehicle defects, and road conditions that might affect safety;
4. to immediately notify my supervisor (or designee) of any traffic citations received, even if given while driving on my personal time;
5. if involved in an accident, to use the designated reporting forms and to cooperate with the police, the insurer, its insurance adjusters and attorneys; and
6. to ensure that if I drive a personal vehicle on behalf of the organization, adequate insurance will always be in force.

Signature: _____ Date: _____

All statements become part of any future volunteer/intern/staff files.

AFG Personal Vehicle Usage

Alternatives For Girls (AFG) may require that an employee or volunteer operate his or her own personal vehicle on behalf of AFG. It is extremely important that every driver exercise good judgment and safe driving techniques, and drive properly maintained vehicles to ensure that the employee(s) or volunteer(s), passenger(s), and AFG are not unduly exposed to injury or liability from the use of vehicles. Before using a personal (non-AFG owned) vehicle on Alternatives For Girls' behalf for agency business, including but not limited to educational seminars, classes, errands, passenger or cargo pickup or delivery, etc., an employee or volunteer must submit proof of personal auto insurance and a current copy of the motor vehicle registration (MVR) and driving license to the Human Resources representative of AFG.

Employees and volunteers are responsible for damage to their own vehicles and should be aware that their insurance will be primary when they use their own vehicles on AFG business.

AFG is not responsible for injury or accidents for travel to or from work or a volunteer assignment. AFG is not responsible for collisions or vandalism to an employee's or volunteer's vehicle in any parking area where AFG provides parking space for employees or volunteers.

Driver Authorization Request

Request for Authorization to Drive Personal Vehicle on Agency Business

In compliance with the above policy, I request permission to drive on agency business of Alternatives For Girls under the conditions indicated below:

I request authorization to drive my own vehicle on agency business. I am submitting a photocopy of the face page or proof of coverage of my automobile insurance, a current copy of my motor vehicle registration (MVR) and driving license along with this request. If I receive authorization to drive my own vehicle on behalf of (organization), I agree to never to drive on behalf of AFG if the above mentioned insurance coverage, MVR, and driving license is not valid and on my person. I realize that I am solely responsible for any damage to my vehicle or to other person(s) or property while I am operating my vehicle on agency business and that my own insurance will be primary. I agree to periodic driving record checks as deemed necessary by Alternatives For Girls or its insurance company.

Signature: _____ Date: _____

Prohibited From Driving Form

Acknowledgement that I May Not Drive Personal Vehicle on Agency Business

At this time, my position at AFG does not require me to use my vehicle on agency business. I understand that before using my vehicle on behalf of AFG I must comply with the driving policies and practices, sign a Driver Authorization Request, and submit all required documents.

Signature: _____ Date: _____



Alternatives For Girls
© 1998 Alternatives For Girls

SATURDAY TRAINING DATES 2012

The Volunteer Application, DHS Clearance, and TB test must be submitted prior to your orientation date.

All orientations are from 10:00am – 12:00pm.

Saturday	January 28, 2012
Saturday	February 25, 2012
Saturday	March 24, 2012
Saturday	April 28, 2012
Saturday	June 9, 2012

*Pre-Registration is required. Please contact Anna Weaver,
volunteering@alternativesforgirls.org
(313) 361-4000 x280*