

Personal Data

Name:		Email:		Date:	
Street Address:			City:		State & Zip:
Cell:	Curr	ent Occupation:		Date of Birth:	

How did you hear about Foster Arizona?

Do you consent to a background check?

- 🗌 No
- □ Yes

Do you have a current fingerprint clearance card?

- 🗌 No
- □ Yes

Self Disclosure: Is there anything that would prohibit you from working with youth or foster families?

🗌 No

□ Yes (explain):

Past Volunteer Experience and/or Organizations:



What motivated you to become a volunteer and what do you hope to accomplish through being a volunteer? (List top 3 things)

1)	
2)	
3)	

What individual talents, skills, hobbies, and/or experiences would you like to contribute or explore within our organization?

Please circle any words below that you feel describe your personality:

Compassionate	Introvert	Moody	Adventuresome	Spiritual
Ambitious	Нарру	Optimistic	Inquisitive	Confident
Extrovert	Sensitive	Creative	Talkative	Friendly
Quiet	Analytical	Organized	Technical	Loving

What days are you available to volunteer?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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Special Events (held monthly)

Mornings Afternoons All day Special Events (hours may vary)



References

Please provide complete contact information for two references. These may be from work, previous volunteer positions, or various community involvement. (Family members cannot be used as a reference.) References will be contacted before being approved to mentor.

1. Reference Name:	-
Street Address:	
City, State, & Zip:	
Cell Number:	
Relationship to applicant:	
Contacted on & by (office use only):	
2. Reference Name:	_
Street Address:	
City, State, & Zip:	-
Cell Number:	
Relationship to applicant:	
Contacted on & by (office use only):	
3. Reference Name:	_
Street Address:	
City, State, & Zip:	-
Cell Number:	
Relationship to applicant:	
Contacted on & by (office use only):	



Confidentiality Agreement

I understand that I may hear, see, have access to and contact with confidential and private information, data, records, paper files, or computer files. Examples of this confidential information are: program participant information, business information belonging to Foster Arizona Housing Project, vendor information, contracts, and financial files.

By signing, I agree to not use such information to benefit yourself or others. I agree to not disclose, divulge, or communicate such information to any person, firm, corporation or other entity other than Foster Arizona. I agree to not copy, email, or further share or take such information outside approved channels of Foster Arizona without prior knowledge and approval of the CEO of Foster Arizona.

I also understand and agree that, in a volunteer capacity with Foster Arizona, any violation of this Agreement or the policies identified herein is grounds for immediate termination of my volunteer role. I understand that any confidential or proprietary information I develop or work on as part of my volunteer position belongs to Foster Arizona, not me. I understand that the terms of this agreement carry over even if my volunteer position with Foster Arizona should end.

I certify that the information contained in this application is correct to the best of my knowledge. I acknowledge that references will be verified and contacted.

Volunteer Signature

Date

Volunteer Printed Name