



Volunteer Application

Date _____

Name: _____

Address _____
Street City Zip

Telephone (Day) _____ (Evening) _____

Is it ok to call you at work? _____ E-mail address _____

Social Security # _____ Birthdate _____

Do you live in Travis County? _____ How long? _____ Do you have Transportation? _____

Bilingual? _____ If yes, which language(s)? _____

Are interested in interpreting or translating? _____

Where are you employed? _____ Position _____

Education _____ If student, which school? _____

How did you hear about AAIM? _____

Can you make a commitment to a specific length of time? _____ How long? _____

How many hours a week can you volunteer? _____

What days and hours are you available? _____

Which of AAIM's programs are you interested in? _____

Have you been a volunteer before? _____ Where and how long? _____

What volunteer job would interest you most and why? _____

References

List three persons (excluding relatives and roommates) who have known you for a year or longer and can vouch for your character. Please include your current employer. If you are not working or are attending school, please list other appropriate references.

Reference 1			
_____	_____	_____	
<i>Name</i>	<i>Day Time Telephone</i>	<i>Alternate Telephone</i>	
_____	_____	_____	_____
<i>Street</i>	<i>City, State</i>	<i>Zip Code</i>	<i>Relationship</i>

Reference 2			
_____	_____	_____	
<i>Name</i>	<i>Day Time Telephone</i>	<i>Alternate Telephone</i>	
_____	_____	_____	_____
<i>Street</i>	<i>City, State</i>	<i>Zip Code</i>	<i>Relationship</i>

Reference 3			
_____	_____	_____	
<i>Name</i>	<i>Day Time Telephone</i>	<i>Alternate Telephone</i>	
_____	_____	_____	_____
<i>Street</i>	<i>City, State</i>	<i>Zip Code</i>	<i>Relationship</i>

Policy on Confidentiality

The Privacy Act of 1974, commonly known as the Buckley Amendment, states that: "No agency shall disclose any record which is contained in a system of records by any means of communication to any person, or to another agency, except pursuant to a written request by, or with the prior written consent of, the individual to whom the record pertains..." P.L. 93-579 Sec. 552b Conditions of Disclosure.

I understand that information contained in case files, as well as any information that is shared with me by a refugee, is confidential. I agree to respect this confidentiality and not discuss the information with anyone not bound by this duty of confidentiality. I understand that information about a refugee will not be shared with other agencies or individuals, including family, friends or acquaintances, without the knowledge and consent of the individual refugee. I promise to honor this commitment both during and after my time as a volunteer with the AAIM program.

I certify that I have responded truthfully to all questions on this application.

Signature

Date

