

Today's Date: _____

Please Fax to: 313-0216
or email to llovelett@nphy.org



nevada partnership for homeless youth

VOLUNTEER NPHY APPLICATION FORM

NAME (Last) (First) (Middle) (Maiden)

Social Security Number

Date of Birth

ADDRESS (Street) (City) (State) (Zip Code)

Home Phone

Mobile Phone

Work Phone

E-Mail Address*

EMPLOYER (Address)

(Position)

Length of Present Employment

Current Supervisor

Education / Training

LIST ALL OTHER ADDRESS FOR THE PAST (5) YEARS

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____

LIST ANY STATES OTHER THAN NEVADA THAT YOU HAVE BEEN A RESIDENT OF

From: _____ To: _____

From: _____ To: _____

From: _____ To: _____



LIST ALL OTHER EMPLOYMENT FOR THE PAST (5) YEARS

_____ From: _____ To: _____
 _____ From: _____ To: _____
 _____ From: _____ To: _____

What days and times are you available to volunteer?

	Mon	Tues	Weds	Thurs	Fri	Sat
Morning (9-12)						
Afternoon (12-4)						
Evening (4:00+)						

Please list the name, telephone and relationship to of two (2) references that we may contact. Do not list family members.

Write a short summary about your interest in volunteering and how you hope to benefit from the volunteer experience

List any special skills that you have acquired through education, employment, volunteer, or life experience.

How did you hear about NPHY?



Have you ever been convicted of a crime in this state or another? YES or NO

If yes, please explain.

Have you ever received or been recommended for treatment or counseling for drugs, alcohol, mental health, family, psychiatric, or psychological problems? YES or NO

If yes, please explain

VOLUNTEER INTEREST

Please circle the following volunteer position(s) that you would be interested in.

-Street Outreach

Consists of walking outdoors, contacting businesses and explaining the organization and services, passing out literature to businesses and homeless youth or those who may come in contact with homeless youth, look for places where homeless youth may reside or frequent.

-Donation Sorting (Seasonal)

Consists of sorting through and organizing donations during the holiday season.

NEVADA PARTNERSHIP FOR HOMELESS YOUTH VOLUNTEER AGREEMENT

Part I: VOLUNTEER CODE OF ETHICS

This Code of Ethics embodies standards of behavior for Volunteer NPHY volunteers in their relationship with clients, employees and representatives of other agencies.

- Volunteers shall respect the privacy of persons Volunteer NPHY and hold in confidence all information obtained in the course of providing service.
- Volunteer NPHY volunteers should display respect and courtesy for employees, agency contact, visitors, and clients. Volunteers should also treat with respect the property of the agency, of employees and of fellow volunteers.
- Volunteers shall not discriminate because of race, color, religion, sex, age, national ancestry, marital status, or handicap.
- Volunteers are responsible for conducting themselves with decorum. They shall be helpful to all.
- Volunteers should distinguish clearly between their personal statements and actions as opposed to those made as a represented of this organization.
- Volunteers should maintain a professional relationship with clients.
- No volunteer may solicit gratuities, gifts, or bequests from clients.
- Any client of NPHY may not name volunteers in a power of attorney.
- Volunteers shall use appropriate channels to express judgment on findings, views, and actions of colleagues.

Part II: VOLUNTEER COMMITMENT FORM

As a Volunteer NPHY volunteer, I agree to the following conditions and understand that, should I fail to comply with the conditions, I may be terminated from Volunteer NPHY.

- I will adhere to the Volunteer Code of Ethics.
- I will perform my assigned duties to the best of my abilities.
- I will immediately notify the Volunteer Manager of any changes in my application information.
- I will attend the required training programs and volunteer evaluations.
- I will adhere to all policies and procedures of Volunteer NPHY.

Part III: VOLUNTEER CONFIDENTIALITY STATEMENT

I understand and agree that in the performance of my responsibilities as a volunteer of Volunteer NPHY, I must hold information on our clients in confidence.

I am aware of my responsibilities to protect client information when engaged in the collection, handling or dissemination of such information.

I understand that the collection of any client data, whether by direct interview, observation, review of document or staff conferences, shall be conducted in a setting, which provides maximum privacy and protects the information from unauthorized individuals.

I understand that I am not authorized to add, delete, remove, or change client information contained in a chart, either active or non-active outside the normal realm of my job function.

I understand that all information regarding clients is to be kept strictly confidential. I agree that I will not discuss this information with anyone not directly involved in client service. I will handle all paperwork and forms with proper consideration so that no information is accidentally observed by or released to non-agency personnel.

I understand that failure to follow the above guidelines regarding confidentiality may result in immediate dismissal from the program.

Part IV: RELEASE OF INFORMATION

I hereby authorize any person, educational institution, or company I have listed as a reference on my employment application to disclose in good faith any information they may have regarding my qualifications and fitness for employment. I will hold NPHY, any former employers, educational institutions, and any other persons giving references free of liability for the exchange of this information and any other reasonable and necessary information incident to the employment process.

I certify that the statements on this application are true and correct to the best of my knowledge. I understand that any misrepresentation or omission of fact on this application may be considered grounds for dismissal. I further understand that any effort to work with NPHY is subject to a successful completion of a background check and training.

I the undersigned have read and understand the requirements to be a Volunteer NPHY Volunteer.

Volunteer's Signature

Volunteer Manager's Signature

Date

Date