

<b>Office Use Only</b>	
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## VOLUNTEER APPLICATION

Please fill out and return in person, via fax: 480-733-3015,  
or by mail: A New Leaf, Attn: Kat Connelly  
868 E University Drive, Mesa, AZ 85203

If you have questions, contact: Kat Connelly [kconnelly@turnanewleaf.org](mailto:kconnelly@turnanewleaf.org) 480-226-8172

Name \_\_\_\_\_ Today's Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (HM) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

E-mail \_\_\_\_\_ Birthdate (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 \_\_\_

For a Service Learning Project: School _____ # of hours _____
To be completed by (date) _____ Instructor _____ Course Title _____

Are you Bi-lingual? Yes \_\_\_ No \_\_\_ If yes, what languages do you speak? \_\_\_\_\_

How did you learn about A New Leaf? \_\_\_\_\_

List any prior volunteer experience have you had: \_\_\_\_\_

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?

\_\_\_\_\_

**AVAILABILITY**

Days \_\_\_\_\_

Times \_\_\_\_\_

**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 require 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