VOLUNTEER APPLICATION FORM

Fresno American Indian Health Project encourages and invites the Native community and local community members to participate as volunteers. People can volunteer their time to assist us with our community building, helping with outreach events and health fairs, and even helping the organization with work projects that may require additional hands. We welcome those who may want to regularly volunteer or who may just want to give their time for an event or two.

FAIHP Vision & Purpose:
PURPOSE -We promote a culture of wellness and enhance the quality of life for all Tribal Nations and Communities.

VISION -We embrace and empower people from all nations and communities. We provide culturally-based health and wellness services supporting the mental, emotional, physical, and spiritual needs of our communities.

Due to our work's nature, all volunteers must complete a criminal background check and drug test. Results will be confidential.
Volunteering at FAIHP starts with completing this form.
The information provided on this form will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization and your willingness to donate your time.

	DATE:		
Personal Information			
First Name:	Last Name		
Address:	City	State	ZIP
Contact Phone: ( )	Personal Email:		
I prefer to be contacted by: ☐ Email ☐ Text ☐ Cell ☐ Home Phone			
Supplemental Questions			
The information requested here will help us determine where you can be best utilized.			

Gender:
☐ Female
☐ Male
☐ Prefer to not disclose

Education:
☐ No HS diploma or student
☐ High School
☐ AA/AS degree
☐ BA/BS degree
☐ Other _____

Skills/Certifications:
_____
_____
_____

Volunteer Time	

In this section, you will provide the amount of time and availability you wish to donate to FAIHP.
In addition, you will also select areas of interest as a volunteer.

Number of hours you wish to volunteer:	☐ 0-5 hrs. per week ☐ 5-10 hours per week ☐ 10-15 hours per week ☐ OPEN SCHEDULE Time:

Availability					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☐ a.m. ☐ p.m. ☐ evening	☐ a.m. ☐ p.m. ☐ evening	☐ a.m. ☐ p.m. ☐ evening	☐ a.m. ☐ p.m. ☐ evening	☐ a.m. ☐ p.m. ☐ evening	☐ a.m. ☐ p.m. ☐ evening

Other:

Programs & Projects

Please share if there is a specific area, project, or event you would like to volunteer

☐ Youth/Cub GONA   ☐ WISE Group   ☐ Clubhouse   ☐ Native Wellness Garden   ☐ Event (please list)

☐ Parent Chaperone

Other Areas of Interest

Please indicate any additional area of interest in volunteering.

Volunteering Experience & Additional Questions

Have you volunteered with FAIHP before? If no, please indicate "N/A." If yes, please list your volunteer roles.

Please tell us why would you like to volunteer with FAIHP.

What are some skills or experiences that you would like to contribute and/or gain?

How did you learn about volunteering at FAIHP?

Name any FAIHP staff related to the Volunteer: (List Name & Relationship)	● ● ● ● ●

Authorizations & Agreements

CONFIDENTIALITY
- I acknowledge and agree that I will abide by the confidentiality expectations of FAIHP.
- I understand and agree that in the performance of my duties as a volunteer of FAIHP, I will hold certain information regarding patients, clients, participants, employees, and other volunteers in the strictest confidence.

- I understand and agree that I will not take photos of youth or clients taken at events or activities and will not post on any social media platform without the prior expressed written consent of FAIHP.
- Further, I understand that confidentiality is protected by Federal law and that any intentional or involuntary violation of confidentiality with regard to clients, employees, and/or volunteers may result in dismissal from the volunteer program.

☐ I agree.

LIABILITY RELEASE

I hereby release, indemnify, and hold harmless FAIHP, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all FAIHP activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with FAIHP.

☐ I agree.

MEDIA RELEASE

I agree to be photographed, videotaped, and/or recorded while volunteering with the Fresno American Indian Health Project (FAIHP).

I understand that FAIHP will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in FAIHP materials such as printed publications, FAIHP.org website (www.faihp.org), videos, social media, grant proposals, and promotional materials to support FAIHP and its programs.
As far as I know, what I say and do in this media will not violate the rights of any other person or company.
If I no longer want my photos and/or story to be used, I agree to contact FAIHP's Marketing Department at marketing@faihp.org or 559.320.0490. Once requested FAIHP will remove from the website and/or social media within 24 hours of notification.

Please note FAIHP will not create new materials using participants' media – but the company may continue to use existing printed materials until replacements are made.

☐ I agree ☐ I do not agree

ACKNOWLEDGEMENT

- I certify that the answers given in this volunteer application are true and complete to the best of my knowledge.

- I understand that this volunteer application is not intended to be a contract or an offer of employment.

- I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with FAIHP.

Signature: _____   **Date: _____**

FOR OFFICE USE:

Date Stamp Received: