



# Santa Cruz Barrios Unidos – Volunteer/Intern Application

**Date Applying:** \_\_\_\_\_ **I am interested in volunteering as:** Intern: \_\_\_\_\_ Field Study: \_\_\_\_\_

Community Service (court referred): \_\_\_\_\_ School (required for credit): \_\_\_\_\_ Volunteer (self-initiated): \_\_\_\_\_

**Contact information:** Name: \_\_\_\_\_ email address: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address \_\_\_\_\_ Apt \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**What do you hope to gain in your experience with SCBU?** \_\_\_\_\_

\_\_\_\_\_

### Please List Times Available to Volunteer

Monday	Tuesday	Wednesday	Thursday	Friday

### Please Check Areas You Are Interested In Volunteering

Answering Phones	Curriculum Development/Training	Media Production	Archiving Project	
Greeting Visitors	Marketing/Publicity/Advertising	Silk Screen Printing	Grant writing	
Data Entry/Word Processing	Landscaping	Graphic Arts	Gardening	
Copying/Filing/General Office	Website Management	Prison Project	Working with Children and Youth	

### Please provide three references not related to you

Name	Daytime Phone	Email	Relationship



## **Santa Cruz Barrios Unidos – Volunteer/Intern Application**

### **Volunteer Agreement**

As a volunteer/intern with the SANTA CRUZ BARRIOS UNIDOS (SCBU) including B.U. PRODUCTIONS (BUP), I understand I will be volunteering, either directly or indirectly, with children, youth and their families. I understand that compliance with all of the requirements below for me and my child who is under the age of eighteen and volunteering with SCBU and BUP are mandatory for volunteerism with SCBU for everyone's safety:

1. The **references** I listed may be contacted by telephone or email.
2. I understand that SCBU has my permission to use my **name and photographs** of me to promote the organization.
3. I will inform an SCBU Staff or the Volunteer Supervisor of any **previous injuries** that may affect my ability to safely complete volunteer tasks, including lifting.
4. I understand that I must carry my own **health insurance**. I will not hold SCBU responsible for any unforeseen injuries or problems that may occur on the job.
5. I understand I may not initiate or engage in any **media/public event** pertaining to the organization without the approval of SCBU Executive Director. Any requests for media engagements will be referred directly to the SCBU Staff or Volunteer Supervisor.
6. I understand that I may not be alone in the company of **minor children** without the presence of an SCBU employee. I will not transport minor children for any purposes without the driving clearance and expressed consent of SCBU following a fingerprint background check.
7. I understand that I may receive **personal information** regarding an individual or family on an as needed basis and an individual or family may choose to disclose information. I understand that all information is confidential, especially addresses and contact information, and that it is not to be disclosed to an outside party in written or verbal form, nor in an electronic communication such as mail, website accessible by public, etc.
8. Many clients **choose not to have their photos taken** for personal and/or security reasons. I understand that I may not photograph nor arrange for a photograph of an individual or any families without first receiving approval from the SCBU Staff or Volunteer Supervisor to ensure that SCBU has obtained expressed written consent on an SCBU consent form.
9. I understand all children, youth and families are to be treated with dignity, respect and consideration and are not **to be discriminated against** based on race, national origin, religion, gender, sexual orientation, age, disability or marital status.
10. I understand that the terms listed above are **not all-inclusive** and may be updated, as needed.

**By signing this Application" you agree to all terms and conditions listed in the above agreement for yourself and minors participating in SCBU volunteer activities.**



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I agree with the above rules and regulations;

Name of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

If under the age of 18, a parent or legal guardian must give their permission for their child to volunteer at Santa Cruz Barrios Unidos.

My child \_\_\_\_\_ has my permission to volunteer at Santa Cruz Barrios Unidos

I can be reached at. Parent or Guardian \_\_\_\_\_

Relationship \_\_\_\_\_ Date \_\_\_\_\_

NOTES>

<i>Office use</i>	
<i>Date Received</i>	
<i>Date Phoned</i>	
<i>Interview 1 Date</i>	
<i>Interviewer 1</i>	
<i>Interview 2 Date</i>	
<i>Interviewer 2</i>	
<i>Start Date</i>	
<i>End Date</i>	
<i>Volunteer Type</i>	
<i>Area Assigned</i>	