

SAWERRA

SOUTH ASIAN WOMEN'S
EMPOWERMENT REGIONAL ASSOCIATION

VOLUNTEER APPLICATION

About the applicant

Name _____

Address _____

City _____ State _____ ZIP _____

Telephone (Work) _____ (Home) _____

Employer _____

Occupation _____

Spouse's name _____

What skills, areas of expertise or aspects of your educational background would you bring to SAWERRA as a volunteer?

Have you ever been a volunteer before?

Yes No

■ If yes, for what organization, and what activities were included? _____

Do you still volunteer with the above organization?

Yes No

■ If no, was it your decision to leave, and why? _____

Why are you interested in becoming a volunteer?

Have you ever been convicted of a felony or misdemeanor?

Yes No

■ If yes, please explain. _____

Do you have a valid driver's license and automobile liability insurance?

Yes No

■ If yes, license number: _____

■ If yes, insurance company: _____

In case of emergency, contact

Name _____ Relationship _____

Telephone (Work) _____ (Home) _____

I understand that my acceptance as a volunteer with SAWERAA is subject to a favorable, routine inquiry of local law enforcement records. I do attest that the information I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from SAWERAA's volunteer services.

Applicant's signature _____ Date _____



S A W E R A A
South Asian Women's Empowerment Regional
Association

Volunteer Agreements

CONFIDENTIALITY AGREEMENT

SAWERA A requires that all information gained through service with our organization be treated confidentially. Discussing any information with people who are not volunteers or who are not board members, in any situation, will destroy the bond of trust between the participant and SAWERA A and will undermine our services.

The location of SAWERA A is confidential and may not be shared with anyone outside the organization.

A breach of confidentiality is a serious violation of trust and ethical responsibility. It can jeopardize the safety of participants, board members and volunteers, and thus may be a cause for immediate dismissal from service. I agree not to divulge any information during or after my tenure of service with SAWERA A.

Volunteer's signature _____ Date _____

SAWERA A Representative _____ Date _____

VOLUNTEER POLICIES AND PROCEDURE AGREEMENT

I have read and understand the policies and procedures presented to me in SAWERA A's volunteer training manual and handbook. I indicate my willingness and intent to abide by these policies and procedures.

Volunteer's signature _____ Date _____

SAWERA A Representative _____ Date _____