

Friends For Life Volunteer Application – MUST ALSO SUBMIT A COPY OF YOUR STATE ISSUED ID OR DRIVER’S LICENSE WITH APPLICATION.

Contact Information	DATE: _____
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Mobile/cell phone	
Employer/Work phone	
E-Mail Address	
Best time to call	
How did you hear @ FFL	

Availability	
Hours/limitations regarding volunteer assignments?	
What date are you available to begin?	
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Any limitation/commitment restrictions
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Other

Policy and Procedure: Confidentiality of Records

Federal Law and Regulations protect the confidentiality of client records maintained by Friends For Life Corporation. Therefore, persons (employees or volunteers) associated with the agency may not say to a person outside the agency that a client receives services, has ever received services, or has applied for services, nor may they disclose information identifying a client as HIV positive unless:

1. The client consents in writing.
2. The disclosure is allowed by a court order.
3. The disclosure is made to medical personnel in a medical emergency to provide medical care.
4. To qualified personnel for research, audit, or service evaluation.

Violation of the Federal Law and Regulations by an agency employee or volunteer is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal Regulation. Federal Law and Regulations do not protect any information about suspected child abuse or neglect from being reported, under state law, to appropriate state or local authorities (see 42 U.S.C. 290ee-3 and 42 U.S.C. 290ff for Federal Laws, and 42 C.F.R. Part 23 for Federal Regulations).

Friends For Life Corporation will comply with all applicable provisions for the Title VI and Title LVII of the Civil Rights Act of 1964.

The following practices are prohibited:

- a. Denying services because of race, color, national origin, gender, sexual orientation, age, religion, or disability.
- b. Applying different standards for the same types of services.
- c. Segregation of clients because of race, color, national origin, gender, sexual orientation, age, religion, or disability.
- d. Refusing to grant equal privileges to clients of staff members.
- e. Impairing human dignity by manner of address or services.
- f. Failing to make allowances for language or educational difficulties.

Should any client, volunteer, or staff member feel discriminated against they should contact the Executive Director.

Person to Notify in Case of Emergency	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
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Interests	
Tell us in which areas you are interested in volunteering: Check all that apply.	
<input type="checkbox"/> Administration/clerical	Special Skills or Qualifications Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports. List any licenses or clinical certifications.
<input type="checkbox"/> Events/Fundraisers	
<input type="checkbox"/> Food Pantry	
<input type="checkbox"/> Feast For Friends	
<input type="checkbox"/> Positive Living Center	
<input type="checkbox"/> Phone/filing	
<input type="checkbox"/> Wellness University (certification preferred)	
<input type="checkbox"/> Volunteer/community outreach	
<input type="checkbox"/> Other	

By providing this information you understand that Friends For Life will perform a background check. A Background Check is required on everyone that volunteers for Friends For Life
Have you ever been convicted of a felony? Yes No Date of Birth: _____

Previous Volunteer Experience
Summarize your previous volunteer experience.

Agreement and Signature						
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand a background check will be completed by FFL. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. In addition, the below signed hereby agrees to indemnify and hold harmless Friends For Life, its employees, volunteers, clients, and agents from any and all liability, claims, damages, and/or actions of property and/or injury, including death, which are due to the negligence and/or intentional misconduct on the part of the said person.						
This agreement may and can be terminated at any point by either party, Friends For Life or the volunteer. I have read and understand all of the above policies.						
For additional information call 901-272-0855 ext. 223						
<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Name (printed)</td> <td></td> </tr> <tr> <td>Signature</td> <td></td> </tr> <tr> <td>Date</td> <td></td> </tr> </table>	Name (printed)		Signature		Date	
Name (printed)						
Signature						
Date						

Thank you for completing this application form and for your interest in volunteering with us.

Return to: Friends For Life, 43 N. Cleveland St., Memphis, TN 38104 or gina.fortner@friendsforlifecorp.org or fax 901-272-7458

Application received: _____ By: _____ Applicant contacted: _____ Disposition: _____