



Volunteer Registration

Date of Application _____ Volunteer Position Applied for _____

Days and times available to volunteer:

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| | | | | | | |

Referral Source: Advertisement Relative Walk-in Employee Internet Other: _____

| | | |
|------------|-------------------|------------------|
| First Name | Last Name | Middle Initial |
| Address | | Apartment Number |
| City | State | Zip |
| Home Phone | Emergency Contact | Phone |
| Email | Hobbies/Interests | |

I do do not give my permission for my photograph to be used by AMCAB for publicity purposes.

Please list any physical restrictions to your volunteer activity _____

| | | |
|---|-----------------------------|---------------------------------------|
| Have you been convicted of a felony in the last seven years? <i>Such conviction may be relevant if related to volunteer duties but does not bar you from volunteering.</i> | <input type="checkbox"/> No | <input type="checkbox"/> Yes Explain: |
|---|-----------------------------|---------------------------------------|

REFERENCES-

Individuals not related to you and are able to evaluate your professional knowledge and ability

| | | | |
|------|--|-------|--|
| Name | | Phone | |
| Name | | Phone | |

Signature _____ Date _____



CONFIDENTIALITY AGREEMENT

By signing this agreement, I understand that any discussion of any AMCAB client or client's family must be treated confidentially.

Information about AMCAB clients or identifying information may only be discussed with that client, those authorized to discuss the client or others on an as-needed basis. Information may be shared when court-ordered, by a Protective Services request or by a signed release.

Violation of a client's or family member's confidentiality could result in termination of volunteer position.

Name

Date