



New Beginnings for Refugees

Volunteer Application Form

200 Washington Street, Suite 120c
Wausau, WI 54403
Phone: 715-301-9719

Email: info@newbeginningswi.org
Website: www.newbeginningswi.org

Dear Volunteer:

Thank you for your interest in serving as a New Beginnings for Refugees volunteer.

This application is designed to give you an opportunity to express your skills and areas of interest.

New Beginnings for Refugees does not discriminate based on age, color, physical appearance, race, religion, political affiliation, sexual orientation, or sex.

Again thank you for your interest in serving as a volunteer. You will hear from us soon.

If you have any questions regarding this application, please let us know.

Thank you!

GENERAL INFORMATION

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone: _____

Evening Phone: _____

What is the best time to reach you by telephone? Morning Afternoon Evening

E-mail Address: _____

Date of Birth: _____
(MM/DD/YYYY)

Sex: Female Male Under 18 years old? Yes No

If yes, parent/guardian name*: _____ Telephone: _____

Language (s) Spoken: _____

Areas of Interest: Health Coordination Collect Furnishing or be a House Sponsor Employment Mentor Transportation Help for Refugees Event and Outreach Support Language Interpretation Collecting Clothes Fundraising/Grant Writing Administrative Assistance Be a Refugee Family’s “First Friend” Refugee Employment Assistance English Mentor
Other _____

Days Available for Volunteering: (please check all that apply; weekend/ evening availability is the best fit for the Mentorship Programs)

Monday Morning Afternoon
Tuesday Morning Afternoon
Wednesday Morning Afternoon
Thursday Morning Afternoon

Friday Morning Afternoon
 Weekends

Duration of volunteer commitment:

- Regular (Weekly or Monthly)
- Academic Requirement
- One Time
- On and Off
- Internship

Do you have a car available for use while you're volunteering? YES NO

EXPERIENCE AND SKILLS

How did you find out about this volunteer opportunity?

Why are you interested in becoming a New Beginnings for Refugees volunteer?

Do you have previous volunteer experience? Yes No

If yes, please describe:

Please provide any other relevant experience related to this volunteer opportunity.

Profession: _____ Job Title: _____

Employer: _____

Employer address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Profession: _____ Job Title: _____

Employer: _____

Employer address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Please provide any skills related to this volunteer opportunity.

EDUCATION

Please provide information on your educational background including, name and location of institutions, year(s) of attendance and field of study.

CONFIDENTIALITY AGREEMENT

As a volunteer or intern of New Beginnings for Refugees it is likely that information of a highly confidential nature may be shared with you. Protecting the privacy of our community members and the integrity of our programs is of utmost importance and must be respected. As part of your time with New Beginnings for Refugees, you may have access to verbal, written, or computer accessed protected information such as clients' personal information, the client database, training and other materials, emails, and New Beginnings for Refugees shared drives and folders, to mention a few. It is imperative that you do not share such items or information outside of this organization and your work on behalf of refugees, unless instructed otherwise **IN WRITING** by New Beginnings for Refugees. Failure to maintain this confidentiality will result in the end of a volunteer relationship with New Beginnings for Refugees and possible criminal charges being filed. If someone shares something with you, which you need to discuss with someone, please let your leader know as soon as possible. Please read the following statement and sign below.

I, _____, understand that any information obtained as a result of my activities with a refugee community member or agency records and communication is confidential and should not be disclosed without written permission from that refugee community member and agency. Protecting the privacy of our community members and the integrity of the US Resettlement Program is of utmost importance and must be respected. I agree that I will not share, sell, exchange or purposefully collect information about a community member or the agency unless I have written permission from the director of the agency and the individuals involved. I agree that I will never divulge the name, address or personal business of a community member to anyone (including my family members) without the consent my leader.

I also agree that, at the time of completing my volunteer assignment with New Beginnings for Refugees, I will hand over all materials developed by me pursuant to my time with New Beginnings for Refugees or otherwise belonging to New Beginnings for Refugees.

Failure to maintain this confidentiality agreement will result in disciplinary action, including termination from the volunteer program and/or legal action.

Signature

Date

Official Use Only

Date Received _____ Received By _____