b:e
beyond emancipation

For Office Use Only
- ☐ **Contact Info in Database**
- ☐ **Signed Confidentiality Agreement**
- ☐ **Received Volunteer Program Manual**

Notes: _____

Beyond Emancipation (B:E) Volunteer Application

Contact Information:

Name: _____ _____
First Name Last Name

Address: _____
Street Address City State Zip Code

Phone: _____ Email: _____

Birth Date: _____ How did you hear about B:E? _____

Are you currently employed? **Yes** ☐ **No** ☐ If yes, name of company & position: _____

_____

Are you currently in school? **Yes** ☐ **No** ☐ If yes, name of school & major: _____

Are you volunteering as part of an organization? **Yes** ☐ **No** ☐ If yes, name of organization: _____

Have you ever volunteered before? **Yes** ☐ **No** ☐ If yes, please describe your past volunteer positions:

Do you have special skills or personal interests that might be helpful to your placement as a volunteer?

Volunteer Positions:

3 - 6 Month Minimum Volunteer Commitment:
- ☐ Adult Education Tutor
- ☐ Resume writing assistant

Short Term or One Time Volunteer Opportunities:
- ☐ Spring or Fall Garden Planting
- ☐ Mother's Day Celebration Volunteer
- ☐ Data/Office Administrative Assistant
- ☐ Grants & Fund Development Researcher

Availability:	**Commitment:**
☐ Monday (Hours: _____)	☐ One Time
☐ Tuesday (Hours: _____)	☐ 1 - 3 months
☐ Wednesday (Hours: _____)	☐ 3 - 6 months
☐ Thursday (Hours: _____)	☐ 6 months - 1 year
☐ Friday (Hours: _____)	☐ 1 year or longer
☐ Saturday (Hours: _____)	
☐ Sunday (Hours: _____)	

Are you volunteering as part of a community service requirement? **Yes** ☐ **No** ☐ If yes, number of hours: _____

Deadline Date: _____ Name of school, class or court program: _____

Are you a former client of Beyond Emancipation? **Yes** ☐ **No** ☐

As an ongoing volunteer for Beyond Emancipation, you will be asked to comply with a Code of Confidentiality, and may be asked to undergo Finger Imaging or TB testing depending upon the nature of the volunteer position. Are you comfortable with these requirements? **Yes** ☐ **No** ☐

Emergency Contact: _____ _____ _____
Name | Contact Phone Number | Relationship to you

Disclosure of the following information is voluntary, but recommended:

Do you have any special needs that affect your mobility, communication, or ability to perform certain tasks? **Yes** ☐ **No** ☐

Do you have any medical conditions or allergies that we need to be aware of in case of an emergency? **Yes** ☐ **No** ☐

Do you carry any medications for any of the above conditions that we should be aware of? **Yes** ☐ **No** ☐

If you answered "yes" to any of the preceding questions, please describe: _____

B:E relies on the statements in this application to appropriately place volunteers in positions for the benefit of our clients. Inaccurate or incomplete information may adversely affect the quality of service we are able to deliver with the generous assistance of our volunteers. By signing and submitting this application, you acknowledge that the facts stated are true and correct, and that any false statements, omissions or other misrepresentations may result in your reassignment to another volunteer position or dismissal from the volunteer program. I have read, signed, and understand the Volunteer Guidelines, Confidentiality Agreement, Agency Manual and Photo/Video/Interview Release Terms.

_____ _____ _____
Volunteer Name (Printed) | Volunteer Signature | Date

Thank you for taking the time to complete this application!

Please return your completed application to:
Beyond Emancipation, Attn: Raquel Stratton
675 Hegenberger Rd., Ste. 100, Oakland, CA 94621
fax: (510) 667-7639 or email: rstratton@beyondemancipation.org