



Volunteer Program
Application

Please Print

Personal Information

Last Name _____ First Name _____ Middle _____

Street Address _____

City: _____ State _____ Zip Code _____

Home Phone: _____ Cell: _____ Work: _____

E-Mail Address _____

Tribal Enrollment# _____ Birthdate: _____

Criminal History

Have you ever been convicted of a crime? _____. If yes, please explain



Volunteer History

Organization	From Month/year	To Month/year	Position/Description

Employment Experience

Name of Employer	From	To	Position/Description

Areas Of Service

Please check all areas of service that interest you.

- | | | |
|--|--|--|
| <input type="checkbox"/> Elders Services | <input type="checkbox"/> Housing | <input type="checkbox"/> Enrollment |
| <input type="checkbox"/> Veterans Affairs | <input type="checkbox"/> Energy Assistance | <input type="checkbox"/> Boys & Girls Club |
| <input type="checkbox"/> Research & Compliance | <input type="checkbox"/> Vocational Rehabilitation | <input type="checkbox"/> Culture |



Skills and Abilities

Please check all skills and abilities that apply. Also note any special skills and knowledge that might be helpful to the volunteer position desired.

Computer Skills

- Word Excel Outlook
 Power Point Website Design Graphics
 Publishing Software Multimedia Programs
 Database Management Other (explain)

Office Skills:

- Fax Machine Copier Telephone
 Calculator Other (expain)

Additional Skills and Talents (hobbies, crafts, photography, etc).

:Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							



Reference

Please provide the name, address and phone number of three professional and/ or personal references who are not related to you.

Reference #1

Name: _____ Relationship _____

Company: _____ Phone # _____

Address: _____

City _____ State _____ Zip Code _____

Reference #2

Name: _____ Relationship _____

Company: _____ Phone # _____

Address: _____

City _____ State _____ Zip Code _____

Reference #3

Name: _____ Relationship _____

Company: _____ Phone # _____

Address: _____

City _____ State _____ Zip Code _____



Questionnaire

1. Why do you want to become a Volunteer with our organization?

2. What values can you bring to our organization?

3. In which geographic area (zip code) are you willing to volunteer?

Signature and Authorization

The Lumbee Tribe of North Carolina is not obligated to provide a placement, nor are you obligated to accept a position. Opportunities for volunteer are provided without regard to race, religion, gender, ethnic origin, disability, age or sexual orientation. Preference will be given to enrolled members of The Lumbee Tribe that are knowledgeable of the community to be served.

It is fully understood that any person submitting an application for the Volunteer Program will be subject to undergo a criminal background check.

I understand that all volunteers represent The Lumbee Tribe of North Carolina are subject to the policies, rules and regulations of the organization. I authorize the organization to acquire additional information from references included in this application, and I hereby release them, their companies and The Lumbee Tribe of North Carolina from any liability whatsoever concerning information obtained through this application.

The information provided has been completed thoroughly and truthfully by the Volunteer Program applicant. This application and any other documents obtained during the application process will remain confidential in the office of The Lumbee Tribe of North Carolina.

Applicant Name (print) _____ Date: _____

Applicant's Signature: _____



Volunteer Code Of Ethics Commitment Statement

As a volunteer, I understand that I am subject to a code of ethics similar to that of a professional employee. I accept the duties and responsibilities of my position and pledge to accomplish them to the best of my abilities. I further acknowledge my work complements the work of paid staff members and I am part of a unique and integrated team. My ideas and input are valuable and essential and I agree to offer suggestions and my knowledge when appropriate.

1. I will be dependable in the performance of the responsibilities as described in the job description.
2. If I am unable to keep my original commitment, I will notify the Volunteer Coordinator as soon as possible.
3. I understand the need for and accept diversity in the workplace.
4. I agree to a performance appraisal 90 days after acceptance into the volunteer program and once a year thereafter.
5. I accept the policies and procedures of this organization.
6. I agree to share information with my supervisor and will support if questions or concerns arise.
7. I agree to be a liaison between the organization and the community,
8. I agree to attend volunteer training sessions on a regular basis.
9. I agree to keep appropriate written records of all time served and to submit documentation in accordance with the volunteer policy.
10. I agree to respect confidential information.

As a volunteer I have RIGHT to:

1. Be treated with respect and dignity.
2. Have an appropriate and clearly defined job description.
3. Receive adequate training, supervision and support recognition.
4. Work in an environment that encourages the sharing of information and ideas with my supervisor and other members of the organization.

Volunteer's Signature

Date

Coordinator's Signature

Date



Emergency Contact/Medical Information

This form will be kept in a confidential file, only to be used in case of an emergency.

Volunteer Name: _____

Date: _____

In case of Emergency Contact:

Name: _____ Relationship: _____

Phone Number: _____ Alternate: _____

Allergies: _____

Are you currently taking any medication? Please specify: _____

Do you have any conditions, which would restrict you or require special volunteer assignment? ___Yes ___No

If yes, please explain: _____

I certify that my answers to the above to be true and correct to the best of my knowledge.

Signature of Volunteer: _____



Confidentiality Statement

I hereby acknowledge that I am fully aware of the confidential nature of my position and my obligation to the clients and employees of this organization. I promise to safeguard any and all confidential information with which I am entrusted, including client information as well as information about property, business, or affairs of The Lumbee Tribe of North Carolina. I realize that any breach of these responsibilities would be derogation of the obligations I have undertaken and could be injurious to the clients and business of The Lumbee Tribe of North Carolina. Violation of this agreement will be addressed with legal action.

Personal or identifying information about any employee (such as name, address, phone number or salary) shall not be disclosed to individuals not authorized by the nature of their duties to receive such information without consent of the employee and/or Administrator. All records, notes, reports or other documents compiled about The Lumbee Tribe of North Carolina or a client thereof will remain part of The Lumbee Tribe of North Carolina's confidential records.

Volunteer Signature

Date