

VOLUNTEER APPLICATION

Volunteer Name: _____

Address: _____ City _____ Zip _____

Daytime Phone: _____ (circle: work / cell / home)

Evening Phone: _____ (circle: work / cell / home)

Email: _____

Current Occupation / School & Focus of Study: _____

How did you hear about USCRI Albany? _____

Emergency Contact Name: _____

Relationship: _____ Phone: _____

Availability: Approximately how many hours per week are you interested in volunteering?

Availability includes: ☐ Weekdays, day time ☐ Weekdays, evening ☐ Weekends

What date would you like to start volunteering? _____ End date? _____

Special Instructions: Do you have any health concerns or special needs we should be aware of?

Explain: _____

USCRI must speak to two personal references regarding volunteer applicants' character and reliability before a volunteer can work directly with USCRI's clients.

Please list two (2) personal references who have known you for more than one year.

1) Reference name : _____

Relationship: _____ Daytime phone number: _____

2) Reference name: _____

Relationship: _____ Daytime phone number: _____

Application continues on page 2

Office Use Only: DR _____ CW _____	VL <input type="checkbox"/> GG <input type="checkbox"/> DB <input type="checkbox"/> HW <input type="checkbox"/>	AR <input type="checkbox"/> CC <input type="checkbox"/> RC <input type="checkbox"/>	OK:
PNV <input type="checkbox"/> HH <input type="checkbox"/> FD <input type="checkbox"/> VHM <input type="checkbox"/> I/T <input type="checkbox"/>	NS:		

Into which age group
do you fall?

☐ under 18 years
☐ 18-25 years

☐ 26-35 years
☐ 36-45 years

☐ 46-65 years
☐ over 65 years

Volunteer Roles

Please indicate one or more ways you would consider volunteering with USCRI Albany. Indicate your top three (3) preferences by numbering next to the boxes.

	Role	Description	Time Commitment
<input type="checkbox"/>	Patient Navigator Volunteer	Provide transportation and “waiting room advocacy” during refugees’ first health appointments.	Weekdays during business hours. 6–8 hours/month.
<input type="checkbox"/>	Housing Helper	<input type="checkbox"/> Heavy lifting <input type="checkbox"/> Lighter set-up tasks <input type="checkbox"/> Willing to use my vehicle to transport furniture & other donation items <input type="checkbox"/> Organize donated goods in warehouse	Weekdays during business hours. Needs vary by week and are communicated via email.
<input type="checkbox"/>	Interpreter/Translator	Provide interpretation in person or over the phone; translate documents. Circle language: Arabic, Burmese, Bengali, Farsi/Dari, French, Hindi, , Karen, Kinyarwanda, Pashto, Russian, Swahili, Ukrainian, Urdu.	Weekdays during business hours. On call /As needed.
<input type="checkbox"/>	Family Mentor	Help refugee clients with tasks such as transportation, sorting and organizing mail, booking appointments, English practice, driving lessons, shopping, finding laundromats/parks, etc.	Weekly hours will vary. Commit to working approximately 8-10 hours per month.
<input type="checkbox"/>	Youth Refugee Mentor	Mentor a refugee youth age 15-24 for 12 months or longer, helping them to identify and work towards social, educational and/or vocational goals.	Weekly hours will vary. Commit to working approximately 8-10 hours per month.
<input type="checkbox"/>	ESL	Help teach adult refugees basic English and Civics. Provide virtual one-on-one support.	Commit to at least 1-2 hours of tutoring per week for at least 6 months.

<input type="checkbox"/> Program Support	Assist in coordinating programs and/or providing computer support for USCRI staff. Please select the specific role that interests you the most on the following page.	Weekdays during business hours. Minimum 2-4 hours per week.
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Volunteer Program Support Positions:

Program Support Volunteers assist USCRI staff with various administrative and programmatic tasks. This may involve helping with data entry, case filing, answering and screening messages, arranging appointments, and other administrative tasks. Volunteers may also help USCRI program staff coordinate housing; cultural adjustment services; accessing healthcare, education, and social services; employment preparation and placement; and building self-sufficiency. Volunteers must commit to working a minimum 2-4 hours per week for 6 months. While everyone is encouraged to apply, Program Support Volunteer positions are a particularly good fit for students interested in human services, human rights, immigration, non-profits, political science, social work, and other related subjects.

☐ **Accounting**

Assist staff with accounting tasks related to refugee services, focus on tracking expenditures digital and hard copy file systems. One position available, must have impeccable attention to detail.

☐ **Development & Office Management**

Work closely with Field Office Director and other staff on projects related to office administration, programs and community relations.

☐ **Immigration Legal Services**

USCRI Albany's Immigration Legal Services team includes a Staff Attorney and a Department of Justice (DOJ) Accredited Representative who provide immigration legal advice and representation to refugees and immigrants. These services include but are not limited to: applying for lawful permanent resident status, applying for travel documents, family reunification, and asylum. Immigration Legal Services Volunteers may assist staff with tasks such as filing, research, and arranging and taking notes in consultations. One position available, must have impeccable attention to detail. Legal background preferred but not required.

☐ **Refugee Services**

USCRI Albany assists recently-arrived refugees with housing; cultural adjustment; accessing health care, education, and social services; employment preparation and placement; and building self-sufficiency. Interns work closely with staff, gaining experience with service coordination, casefile management, and cross-cultural interactions. Approximately 6-8 volunteer positions available in the area of Refugee Services. Applicants should indicate general interest in this area, and may be asked for any preference regarding a specific focus, which may include employment, housing, health, or other issue areas.

Please share anything that you feel would be important for us to know about you and your interests, education, and skills.

I certify that the information on this application is correct to the best of my knowledge. I am also willing to submit to any pertinent background check deemed necessary by the USCRI Albany Office.

Signature

Date

*** Please continue to next page**

Thank you for your interest in volunteering with the US Committee for Refugees and Immigrants in Albany. For the safety of our clients, we require that you sign where requested on the next two pages to indicate your agreement with our policies, and that you provide us with permission to complete background checks.

Confidentiality Agreement

I understand that any and all information that I may receive while performing my prescribed duties as an USCRI Albany volunteer is strictly confidential.

Examples of such information include, but are not limited to, a client's name, legal status, medical condition and treatment, finances, living arrangements, employment, and personal history. Also included are USCRI Albany paperwork, case files, and other information volunteers may come across while in the USCRI Albany office.

I agree not to remove from USCRI Albany premises any materials that may jeopardize the confidentiality of a USCRI client, donor, staff member, or volunteer. I agree not to disclose any information of a confidential nature whether while in performance of my duties or after I have terminated my involvement with USCRI Albany.

I understand that the violation of a client's confidentiality is grounds for immediate termination as a USCRI Albany volunteer.

Signature: _____ Date: _____

Volunteer Insurance Clarification

I shall work for USCRI Albany at my own risk and accordingly, hereby release USCRI Albany and its officers, directors, employees, agents, and its and their respective heirs, legal representatives, successors and assigns, from any and all claims and liability relating to my provision of volunteer services for USCRI Albany.

I understand that I am not considered an employee of USCRI Albany while performing work for the organization. I further understand that, as a volunteer, I am not covered by Workers' Compensation Insurance for medical coverage or loss of wages for any injury that may occur while I am acting as a volunteer. Nonetheless, I agree to report any injury, regardless of severity, to the director or volunteer coordinator.

Signature: _____ Date: _____

Office Volunteer Agreement

I understand that as a volunteer with USCRI Albany that I am to comply with USCRI Albany office policies, including: keeping in regular contact with the volunteer coordinator, submitting monthly time-sheets and assistance forms, and representing USCRI at all time in a professional and responsible manner.

Current office procedures in place include wearing a mask and maintaining distance

Signature: _____ Date: _____

Criminal History

Have you ever pleaded guilty of or been convicted of a felony or misdemeanor? ☐ Yes ☐ No

If Yes, please explain:

Driving Clients

Please initial 1 option

_____ I will *not* be transporting clients in my vehicle

_____ I may transport clients in my vehicle, and agree to the following:

- I understand that volunteers transport clients at their own risk
- Before I transport any clients in my vehicle, I will provide USCRI Albany with a photocopy of my Driver's License and Vehicle Insurance.
- Update Oct. 2020: Masks must be worn by both volunteers and clients when in the vehicle. Other measures such as distance and opening windows are also required.

Proselytizing

USCRI and its representatives must ensure complete adherence to federal guidelines on prohibiting proselytizing of any kind in federal-funded programs. Volunteers may not conduce our clients to convert to any faith or religion.

Please indicate your willingness to comply with this policy and your commitment to respecting the sensitivities of refugees who might hesitate to refuse offers to accompany volunteers to particular places of worship. I agree _____

I disagree _____

Identification of Volunteers

Please indicate below your willingness to abide by USCRI policy on **clear identification of volunteers**. I understand that if my volunteer application is accepted, and if I accept this volunteer position, I will be acting as a representative of USCRI and must therefore wear a name tag indicating my name and my affiliation with the agency for at least the first three months that I interact with any client. ☐ Yes ☐ No

I certify that the information on this application is correct to the best of my knowledge. I also am willing to submit to any pertinent background check deemed necessary by the USCRI Albany Field Office.

Signature

Date

Please return to:

U.S. Committee for Refugees and Immigrants, Albany Field Office

99 Pine St., Suite 101 • Albany, NY 12207

phone (518) 459-1790 • fax (518) 282-6117 • kshelly@uscrimail.org