

# FREEDOM HOUSE

## Volunteer/Intern Application Checklist

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Name: \_\_\_\_\_

Date: \_\_\_\_\_

<b>Materials to Complete:</b>	<b>Completed</b>
Application	
Emergency Contact Information	
Confidentiality Agreement	
Consent for Drug Screening	
Criminal Record Inquiry Release	
Photograph and Video Release	
Rules and Regulations Acknowledgement	
Copy of valid Driver's License	
Criminal Background Check completed	
Photo of Volunteer	
Resume (Interns only)	

# FREEDOM HOUSE

## Volunteer/Internship Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Occupation \_\_\_\_\_

Major duties \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

Cell (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Phone \_\_\_\_\_

Gender: M / F Race/Ethnicity \_\_\_\_\_ DOB: \_\_\_\_\_

Interested in helping in the area of:

- |                         |                           |
|-------------------------|---------------------------|
| _____ Thrift Store      | _____ Tutoring            |
| _____ Office Assistance | _____ Teaching classes    |
| _____ Driving           | _____ Yard beautification |
| _____ Maintenance       | _____ Internship *        |
| _____ Other: _____      |                           |

Specific days/hours per week: \_\_\_\_\_ months? \_\_\_\_\_

What Churches and/or Groups are you associated with?

\_\_\_\_\_  
\_\_\_\_\_

What assets would you bring to the position? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What do you expect to gain? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\*Internship Information:

School \_\_\_\_\_ Major \_\_\_\_\_

Internship Advisor's Name \_\_\_\_\_

Phone \_\_\_\_\_ School Address \_\_\_\_\_

Total hours required to work \_\_\_\_\_



**FREEDOM HOUSE**  
**Confidentiality Form**

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I, \_\_\_\_\_, understand that anything I observe or hear during my involvement with Freedom House is to be kept in strict confidence. I will only share my observations or concerns about the program and the residents with the personnel of Freedom House. I am aware that the privacy of Freedom House residents is protected by Federal Law.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Freedom House Staff Witness

\_\_\_\_\_  
Date

CONFIDENTIALITY: This information is a disclosure of information concerning a client in alcohol-drug abuse treatment, made to you with the consent of such client. This information has been disclosure to you from records protected by the Federal Health Privacy Law (4.5 C.F.R., Part 164) and the confidentiality rule (42 C.F.R., Part, 2) **The Federal rules prohibit you from making further disclosure of this information unless further disclosure is expressly permitted by 42 CFR, Part 2.** A general authorization for this release of medical or other information is NOT sufficient for this purpose.

**FREEDOM HOUSE**  
**Consent for Drug Screening**

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I, \_\_\_\_\_, have been fully informed by Freedom House that as a volunteer I may be asked to submit to random, observed, urinalysis drug testing. I understand what I am being tested for, the procedure involved, and do hereby freely give my consent. I understand that if the results of this test are positive, my involvement with Freedom House will be immediately terminated and the results will be saved in my file.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Freedom House Staff Witness

\_\_\_\_\_  
Date

# FREEDOM HOUSE

## Criminal Record and Sexual Offender Inquiry

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I, \_\_\_\_\_, hereby give permission to Freedom House to obtain information concerning any criminal record or sexual offender activity on file. I understand that should there be any such activity; Freedom House has the right to terminate my position as a volunteer.

I understand that my driving record will also be obtained as part of this inquiry.

I hereby release all individuals, companies, corporations, and agencies, public or private, connected therewith from any and all liability associated with the dissemination of such information pertaining to me. I understand that I may request a complete and accurate disclosure of the information obtained.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Full Printed Name: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State \_\_\_\_\_

Current Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List the addresses, cities and states which you have resided for the previous seven years:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_



# FREEDOM HOUSE

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## Rules and Regulations Acknowledgement

I \_\_\_\_\_ acknowledge that I have received a copy of the Rules and Regulations of Freedom House and Freedom House Thrift. I have read, understood, and agreed to uphold all the rules as they apply to my specific volunteering area and to ensure the residents do as well. I understand that as a volunteer I am a role model for the residents and therefore will show respect at all times for the program and the rules and regulations.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Freedom House Staff Witness

\_\_\_\_\_  
Date