



2103 South Atlantic Street  
 Seattle, WA 98144  
 Phone: (206)329-2050  
 Fax: (206)329-2171

## Volunteer Application

This information is kept confidential. If any of the information changes, please notify us in writing immediately.

Name \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First Middle* Gender:  Male  Female

Address: \_\_\_\_\_ Birth Date \_\_\_\_\_  
*Street* *month/day/year*

City/State/Zip: \_\_\_\_\_ E-Mail \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_ Fax Number: (\_\_\_\_) \_\_\_\_\_

Best Days/Times to contact you \_\_\_\_\_

Ethnicity (optional) \_\_\_\_\_ Languages Spoken \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
*Name and Relationship to you*

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

## Volunteer Placement Information

When are you available to volunteer?

Mornings  Afternoons  Evenings  Weekends

What days of the week are you available? \_\_\_\_\_

How many hours can you commit to each week or month? \_\_\_\_\_

How long a commitment can you make?  3 months  6 months  12 months

What types of volunteer service are you interested in?

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Office/Clerical duties | <input type="checkbox"/> Tutoring                                    | <input type="checkbox"/> Child Care/Development                 |
| <input type="checkbox"/> Chaperoning            | <input type="checkbox"/> Van Driver                                  | <input type="checkbox"/> English as a Second Language Assistant |
| <input type="checkbox"/> Special Events         | <input type="checkbox"/> Work projects/repairs                       | <input type="checkbox"/> Staff Assistant                        |
| <input type="checkbox"/> Activity Planning      | <input type="checkbox"/> Lead a workshop for kids or adults on _____ |   |

Age Groups:  5-11  12-15  16-21  Adult

<i>For Office Use Only</i>		
Date received: _____	Data entry: _____	Beginning Date _____
Orientation: _____	Other training: _____	
WSP Form: _____	Placement: _____	Ending Date _____
Reference #1: _____	Reference #2: _____	
Accepted: _____	Rejected: _____	



**ATLANTIC STREET CENTER**  
**STATEMENT OF CONFIDENTIALITY FOR VOLUNTEERS**

---

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

Volunteer position: \_\_\_\_\_ Program: \_\_\_\_\_

I, \_\_\_\_\_, understand that information about clients may not be disclosed by me to anyone other than my immediate supervisor or a designee. Disclosures to others must be so authorized by the client.

Confidentiality extends to such matters as acknowledging that a person is active at the Atlantic Street Center or disclosure of the name of the staff providing services; accepting unsolicited information about the client from anyone not involved in the provision of services or so authorized; informal discussion with others who are not a part of the Atlantic Street Center; discussion of client matters in public areas; and any public display of client matters via paperwork, appointment books, phone messages, or client records. No exemption exists because of publication of client information via the news media. Most importantly, all client charts must be secured, preferably in locked files; client data must be shredded before discarding.

*Exceptions to Confidentiality:* According to the laws of the State of Washington, confidentiality does not exist if information is shared regarding child abuse or abuse of a vulnerable adult. The volunteer may also be required to breach confidentiality in situations where the client poses a clear and present danger to self or others. In such instances the Associate Director and appropriate Program Coordinator must be apprised and consulted with immediately. Finally, if a court of law issues a subpoena for information regarding the client's activities, information will be supplied.

I understand that failure to abide by the above terms and conditions constitutes grounds for immediate dismissal. In the event of my termination from the agency, I will keep all identifying information on all clients gained through my experience at the agency private and confidential.

“I have read, understand, and agree to abide by the above Statement of Confidentiality for Volunteers.”

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

Atlantic Street Center  
2103 S. Atlantic Street  
Seattle, WA 98144  
206-329-2050 ext.124  
teresae@atlanticstreet.org

## Atlantic Street Center's Policies Regarding Volunteers

1. Volunteers are not responsible for transporting students/clients to and from Atlantic Street Center sites. **Volunteers should not transport students** in their own personal vehicles. Transportation, if applicable, will be provided by ASC.
2. Volunteers who are working with children and teens should always be with a group of children and an ASC staff member should be close by. **Volunteers should not be alone or isolated with one or several children.** If you are asked to take children to the playground, gym, bathroom, etc., ask another volunteer to accompany you.
3. Volunteers should **respect client confidentiality** at all times. General information you learn about children and families should be shared with no one. However, if a child tells you something or someone is hurting them--you should tell your site coordinator.
4. Volunteers **should not exchange personal contact information or personal gifts** with participants. If you have an unusual circumstance you **MUST** speak with Atlantic Street Center staff in advance.
5. **No drugs, alcohol, weapons or pretend weapons are permitted.**
6. Volunteers **should not influence students/clients with personal and religious beliefs.** Atlantic Street Center respects individuals' personal beliefs, but the agency is not designed to teach religious beliefs.
7. **Volunteers should not touch children inappropriately.** Safer touch areas include shoulders, upper back, and arms. No spanking is allowed. Children should be discouraged from sitting in volunteers' lap, playing with volunteers' hair, riding "piggy back." or "rough-housing"
8. The volunteer role is one of support to the program. **Volunteers should be willing to be flexible in their roles as program needs vary.** The staff and volunteer coordinators are always available should the volunteer have questions or concerns.
9. You are expected to **be responsible for your own actions.** Children will see you as a role model, so make sure you set a good example in daily tasks such as clean-up, following directions and positive use of recreational time.
10. Please **notify your site supervisor \_\_\_\_\_ in advance or as soon as possible if you are unable to attend on a scheduled day.** Please leave a backup message for the Volunteer Coordinator 206-329-2050 ext. 127 if you are unable to speak to someone in person.
11. Please follow **sign in** procedures as explained to you on site.

**I understand that failure to comply with these policies may result in my dismissal as a volunteer. The policies and grievance procedure have been explained to me.**

Revised 11/02

\_\_\_\_\_  
Volunteer's signature

\_\_\_\_\_  
date

\_\_\_\_\_  
Volunteer Coordinator or Supervisor

\_\_\_\_\_  
date

Atlantic Street Center  
2103 S. Atlantic Street  
Seattle, WA 98144  
206-329-2050 ext.124  
teresae@atlanticstreet.org