Neighborhoods Focused on African-American Youth, Inc. (NFOAAY)

Application for Volunteers and Interns

Today's Date:

Personal Information

Name:

Address: City: State: Zip:

Home Phone: Work Phone:

Cell Phone: Email:

Why are you interested in volunteering? ☐Personal Desire To Help ☐ Educational Internship

☐ Community Service Hours d ☐Other _____

Age ____over 18 ____under 18

Have you ever worked or do you currently work for NFOAAY?

Have you ever received services from NFOAAY?

Do you have a valid driver's license?

Do you have a car available for use while volunteering?

Experience and Education

What is your educational/training background?

What is your employment history?

Have you had any previous experience as a volunteer? If so, with what organizations, and what kind of work did you do?

Does your current employer have (check all that apply): ☐Program For Volunteering

☐Matching Donation Program

Your Interests at NFOAAY

How did you learn about NFOAAY? ☐Ad ☐Website ☐College/University

☐Current Volunteer ☐Other *Please specify* _____

Neighborhoods Focused on Africa-American Youth, Inc.
P.O. BOX 72046
Marietta, GA GA 30007-2046
(404) 460 9089

Which opportunities do you wish to further explore (check one):
3:30pm-6pm for the Smyrna ☐
3:30pm-6pm Columbus ☐
3:30pm-6:00pm Metro-Atlanta(including Roswell ☐

How long can you commit to volunteering? ☐One time ☐Occasionally ☐3-6 months
☐Academic School Year ☐Other _____

What days are you available? ☐Mondays ☐Tuesdays ☐Wednesdays ☐Thursdays ☐Fridays
☐Saturdays

What times are you available? ☐Mornings ☐Afternoons ☐Evenings

Do you prefer to work (check all that apply) ☐Directly With Children Served ☐Behind The Scenes
☐ Computers ☐Maintenance ☐No preference

Hobbies/interests:

Skills you would like to use while volunteering:

Other languages you speak _____ ☐Basic ☐Conversational ☐Fluent
_____ ☐Basic ☐Conversational ☐Fluent
Do you have any special needs or restrictions we should be aware of?:

Date you can begin service:

Criminal History
All volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? ☐Yes ☐No
If yes, explain.

Please describe in 3-5 sentences why you want to be a volunteer or intern with Neighborhoods Focused On African-American Youth, Inc.

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NFOAAY considers applicants for internships/volunteering without regard to sex, race, age, religion, national origin, veteran or marital status, or any other legally protected status. We provide reasonable accommodation to qualified individuals with disabilities when it would not be an undue hardship. If you need a reasonable accommodation in the pre-placement process, please contact the Volunteer Manager.

AUTHORIZATION AND AGREEMENT BY APPLICANT

1. I certify that the facts set for in this volunteer application are true and complete to the best of my knowledge. I understand that any false statement, omission or misrepresentation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.
2. I consent to having NFOAAY complete a criminal background check prior to volunteering.

_____ _____

Signature of Applicant **Date**

_____ _____

Parent/Guardian Signature (required if less than 18 years of age) **Date**

DRUG AND ALCOHOL TESTING CONSENT

NFOAAY recognizes the costs to society and to individuals from drug and alcohol use. The Agency maintains a firm commitment to strive to provide reliable service to its clients and a safe and healthy work environment for its interns/volunteers. While the vast majority of interns/volunteers are not involved with alcohol abuse or illegal drugs, those who are can have an adverse impact on the workplace, as well as their own job performance. To meet our obligations, and to comply with our obligation under the Drug Free Workplace Act of 1988, the following policy has been adopted and will be enforced:

1. The Agency prohibits the unlawful use, sale, possession, manufacture, distribution, or being under the influence of alcohol, drugs or any controlled substance, on Agency property, in the presence of Agency clients, while on duty, during rest periods and break periods, while operating an Agency vehicle or attending an Agency-sponsored event.

2. Interns/Volunteers who violate this prohibition will be subject to disciplinary action, up to and including termination. Nothing in this policy restricts the Agency's right to terminate an intern/volunteer at any time, with or without notice, for any reason not expressly prohibited by law.

3. The agency retains the right to require any intern/volunteer to report for drug and/or alcohol testing for reasonable suspicion or following an accident in which there is injury to persons or damage to property.

4. Interns/volunteers must abide by the terms of this statement and must notify the employer of any criminal drug conviction within five days of the conviction if workplace conduct is involved.

5. New interns/volunteers will be required to report for drug testing after a placement offer has been made but before reporting for the assignment.

I have read and understand the Drug Free Workplace Compliance Statement. I agree to comply with the NFOAAY Drug and Alcohol Policy. I understand that any offer of placement with the Agency may be contingent upon the successful completion of drug testing before beginning assignment, and I consent to testing according to NFOAAY policy.

_____ _____

Signature of Applicant Date

_____ _____

Parent/Guardian Signature (required if less than 18 years of age) Date

Neighborhoods Focused On African-American-Youth, Inc.

Volunteer Reference Check

_____ is applying for a Volunteer/Intern position with Neighborhoods Focused On African-American Youth, Inc.("NFOAAY") and has listed you as a reference. Please assist us by returning this completed form to the NFOAAY Organizing To Save Our Youth Project Director. The mailing address is Neighborhoods Focused On African-American Youth, Inc. P.O. Box 72046, Marietta, Geogia 30007.

Reference:

Name: _____ Title: _____

Affiliation: _____

Please describe your relationship with the applicant and the number of years/months you have been acquainted:

_____

_____

_____

What are some of the applicant's greatest strengths?

_____

_____

_____

What are some of the applicant's greatest challenges?

_____

_____

_____

If applicable, would you recommend this person to volunteer with children? Yes_____ No_____

Please explain: _____

_____

_____

Please provide a phone number where we can best reach you: _____

Signature _____ Date _____

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