



Middle Eastern Immigrant and Refugee Alliance

اتحاد المهاجرين واللاجئين من الشرق الأوسط

Volunteer Application

Please attach a copy of your resume to this application.

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments? List specific days if applicable.

- | | |
|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekend mornings |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend evenings |

Interests

Tell us in which areas you are interested in volunteering:

- | | |
|--|--|
| <input type="checkbox"/> Event/Workshop Coordination | <input type="checkbox"/> Legal Services |
| <input type="checkbox"/> Newsletter Production | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Parent Education Mentoring / Parents' Group | <input type="checkbox"/> Career Mentoring |
| <input type="checkbox"/> Assisting Parent at School | <input type="checkbox"/> Office Administration / Front Desk |
| <input type="checkbox"/> Coordinating with Women's Group | <input type="checkbox"/> Client Accompaniment and Interpretation |
| <input type="checkbox"/> Arabic Classes | <input type="checkbox"/> Assisting with Job Applications |
| <input type="checkbox"/> English Classes | |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



Middle Eastern Immigrant and Refugee Alliance
اتحاد المهاجرين واللاجئين من الشرق الأوسط

Previous Volunteer Experience

Summarize your previous volunteer experience. Please include organization name, volunteering dates, and references.

--

Criminal Record

Have you been convicted of any felony? If so, please explain below.

--

Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of The Middle Eastern Immigrant and Refugee Alliance to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.



Middle Eastern Immigrant and Refugee Alliance

اتحاد المهاجرين واللاجئين من الشرق الأوسط

Confidentiality Agreement

- I. Purpose. The purpose of this Confidentiality Agreement is to protect the identity and privacy of our clients. Staff and Volunteers at the Agency encounter personal and sensitive information about clients. This is particularly true when assisting immigrant survivors of domestic violence, human trafficking, torture and persecution, and unaccompanied immigrant children. Therefore, it is very important to refrain from disclosing any information to third parties about our clients to avoid causing them harm.
- II. Confidential Information. Confidential client information should never be discussed in the presence of third parties, except under the terms outlined below. Any files and/or documents containing confidential information should never be shared or released to third parties, except under the terms outlined below. Confidential information includes, but is not limited to, the following:
1. Identifying information about the client, including name, address or phone number;
 2. Information relating to the client's family;
 3. Information regarding the client's immigration status;
 4. Information about the abuse, trauma, and/or persecution experienced by the client; or
 5. Any other information that would identify the client or potentially place the client and/or family members at risk.
- III. Terms. By signing this Confidentiality Agreement, you agree to the highest ethical standards and to abide by the following provisions:
1. All communications between Agency staff, volunteers, and clients are confidential.
 2. The staff or volunteer shall not disclose confidential information to a third party without the client's express consent to release such information.
 3. The staff or volunteer shall not disclose confidential information to a third party without The Middle Eastern Immigrant and Refugee Alliance's knowledge and consent.
 4. I understand that as a staff or volunteer, I have a duty to keep client information confidential throughout my term as a staff or volunteer as well as after my employment or volunteer status ends.
 5. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination of my participation as a staff or volunteer at the Agency.

I, _____ (print name), have read the above the Confidentiality Agreement and understand its terms and my responsibilities as a volunteer.

Signature of Staff or Volunteer

Signature of Executive Director

Date