



## Adopt a Mom and Pop Volunteer Application

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Are you over the age of 18?  yes  no Date of Birth \_\_\_\_\_

Have you ever been convicted of a criminal offence?  yes  no

If yes, please explain \_\_\_\_\_

Do you agree to have a criminal record check conducted?  yes  no

Where did you hear about Adopt a Mom and Pop (AMAP)?

Brochure  Newsletter  Friend/Colleague  Radio/TV  Internet  Other \_\_\_\_\_

### **Emergency Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any health concerns that may affect your volunteer work? \_\_\_\_\_

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Volunteer Experience - Name Organization(s)	Position/Duties

**Skills/Hobbies/Interests** \_\_\_\_\_

**( ✓ ) Interests**

- 1 on 1 Visitations       Arts & Crafts       Walking       Reading  
 Board Games       Music       Clerical       Other

**( ✓ ) Availability**

- Monday     Tuesday     Wednesday     Thursday     Friday     Saturday     Sunday  
 Morning     Afternoon     Evening

**Do you speak another language and if so which?** \_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, agree with the following statements:

**I have read and understood Adopt A Mom and Pop's (AMAP) Privacy Policy.**

I understand that I may come in contact with confidential information during my time at **AMAP**. As part of the condition of my work with **AMAP** I hereby undertake to keep in strict confidence any information regarding any client, employee or business of **AMAP** or any other organization that comes to my attention while at **AMAP**. I will do this in accordance with the **AMAP's** privacy policy and applicable laws, including those that require mandatory reporting.

I also agree to never remove any confidential material of any kind from the premises of **AMAP** unless authorized as part of my duties, or with the express permission or direction to do so from **AMAP**.

\_\_\_\_\_  
(Print Staff Name)

\_\_\_\_\_  
(Signature of Staff)

\_\_\_\_\_  
(Signature of witness)

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_