



# Volunteer/Intern Application

Northwest Youth & Family Services (NYFS) invites you to become involved with our program services or special events. We will help you make your volunteer or intern experience with NYFS very rewarding and productive for both of us.

Volunteer/Intern position applying for: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Are you 18 years or older?  Yes  No

Phone #'s (h): \_\_\_\_\_ (w): \_\_\_\_\_ (c): \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Position: \_\_\_\_\_ Years of Service: \_\_\_\_\_

References: (Please, no more than one family member)

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

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

How did you learn about Northwest Youth & Family Services? \_\_\_\_\_

Are you required to complete volunteer/community service hours?  Yes  No

If yes, for what purpose? \_\_\_\_\_

Previous Volunteer/Intern experience:

Name of Organization	Phone	Dates	Position

What is your level of education? (Please be specific)

School/institution	Dates	Degree(s)

Employment experience (please describe briefly):

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Please list any additional skills, experiences or qualifications you could utilize as a volunteer or intern (e.g. graphic arts training, childcare, fundraising, and computer software applications):

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Please describe some of your hobbies, or interests: \_\_\_\_\_

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Why do you want to volunteer/intern at NYFS? \_\_\_\_\_

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Please check some of your areas of interest for volunteering or internship:

- Working directly with youth
- Working directly with seniors
- Educational internship
- Leading activities & groups with youth
- Sharing professional skills
- Training and/or mentoring
- Special Events
- Other (Please specify) \_\_\_\_\_

Some Volunteer or Intern positions require the use of a personal vehicle to drive for NYFS. NYFS would reimbursement for mileage. Are you able and/or willing to drive your own vehicle for NYFS?

Yes  No

If you answered no, please explain.

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What days & times would you be available?

(Please circle day & time)

Monday	Tuesday	Wednesday	Thursday	Friday
A.M.	A.M.	A.M.	A.M.	A.M.
P.M.	P.M.	P.M.	P.M.	P.M.
Evenings	Evenings	Evenings	Evenings	Evenings
Total Hrs: _____	Total Hrs: _____	Total Hrs: _____	Total Hrs: _____	Total Hrs: _____

Total hours per week: \_\_\_\_\_

Name & phone number of person to contact in case of emergency:

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Name	Relationship	(Phone Number)
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Name	Relationship	(Phone Number)
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By signing below, I understand that volunteers and interns are not paid positions, and I will not necessarily be entitled to a job at the conclusion of my association with NYFS.

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

## AFFIRMATIVE ACTION STATEMENT

This is to affirm Northwest Youth & Family Services (NYFS) policy of providing Equal Opportunity to all employees and applicants for employment in accordance with all applicable Equal Employment Opportunity/Affirmative Action laws, directives and regulations of Federal, State and Local governing bodies or agencies thereof.

NYFS will not discriminate against or harass any employee or applicant for employment because of race, color, creed, religion, national origin, sex, sexual orientation, disability, age, marital status, membership or activity in a local human rights commission, or status with regard to public assistance.

We will take Affirmative Action to ensure that all employment practices are free of such discrimination. Such employment practices include, but are not limited to, the following: hiring, upgrading, demotion, transfer, recruitment or recruitment advertising, selection, layoff, disciplinary action, termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. We will provide reasonable accommodation to applicants and employees with disabilities.

NYFS will evaluate the performance of its management and supervisory personnel on the basis of their involvement in achieving these Affirmative Action objectives as well as other established criteria. In addition, all other employees are expected to perform their job responsibilities in a manner that supports equal employment opportunity for all.

I have appointed Ken Pazdernik, CFO to manage the Equal Employment Opportunity Program. This person's responsibilities will include monitoring all Equal Employment Opportunity activities and reporting the effectiveness of this Affirmative Action Program, as required by Federal, State and Local agencies. I will receive and review reports on the progress of the program. Any employee or applicant may inspect our Affirmative Action Program during normal business hours by contacting the EEO Coordinator.

If any employee or applicant for employment believes he or she has been treated in a way that violates this policy, they should contact either Ken Pazdernik at 3490 Lexington Avenue North, Shoreview, MN 55126 or any other representative of management, including me. Responsible parties will investigate allegations of discrimination or harassment as confidentially and promptly as possible, and we will take appropriate action in response to these investigations.

Jerry Hromatka,  
President & CEO

## Affirmative Action Information Form

As a government contractor, we support affirmative action programs. In compliance with government regulations, we are required to record the number of applications received by age and sex and to report these totals to the appropriate government agencies.

Please indicate your race or national origin, date of birth, and sex. This information will not be kept with your application and will be used only in accordance with the state and federal regulations.

DO NOT WRITE YOUR NAME ON THIS FORM.

You are not required to complete this form. Your application will be considered in the same manner whether this form is completed or not.

Position Applying for: \_\_\_\_\_

Date of Application/Interview: \_\_\_\_\_

Male  Female

American Indian

Asian

Black/African American

Hispanic

Non-minority

Other (please specify) \_\_\_\_\_

Date of birth: \_\_\_\_\_

## **NON-DISCLOSURE AGREEMENT**

*For Volunteers and Interns Who Access Client Data*

In your volunteer or intern association with Northwest Youth & Family Services (NYFS), your duties may require you to work with records containing private or confidential data/information or be given special access to work areas, computer files, or proprietary material. Law, policy, or agreements regarding disclosure both at work and outside of the office protect this data, access, or ownership. The following sections are intended to acquaint you with the nature of these restrictions and to confirm your understanding of these provisions. Your signature records your agreement to honor these requirements.

### **DATA PRIVACY AND CONFIDENTIALITY RESPONSIBILITIES**

In the course of my association with NYFS, I may be working with and acquire information about other persons from recipient eligibility files, claims for medical services, and other records which are private and /or confidential data. Under Minnesota law, data on mental health and diversion clients is private and may only be shared or disclosed as provided in the law. I will refer all inquiries to my supervisor unless I have clear written authority from my supervisor to provide any such information to anyone other than employees of NYFS who need such information to administer programs.

Minnesota Statutes, Section 13.01-13.90 provides for disciplinary action and criminal penalties for unlawful disclosure or sharing of private data. Disclosing data includes using information obtained in any manner different from the scope of my specified duties.

I will not remove recipient/client or medical provider data from the premises except as is necessary to administer the program with which I am associated, and only with my supervisor's permission.

### **PHYSICAL ACCESS**

If I have possession of keys, badge, or other security devices by NYFS, I am authorized to use the device only in the course of my association with NYFS. I understand that any keys or other security devices issued to me are for my use only and that I may not allow anyone else to use or duplicate them.

I will surrender any security devices to me immediately upon separation or association with NYFS.

I will notify my supervisor when I lose any security device or have reason to believe that any security device or method has been improperly used.

### **STATEMENT OF UNDERSTANDING**

I hereby acknowledge that I have read and understand the conditions stated above and will comply with these conditions. I further understand that violation of the conditions shall make me subject to prosecution under the provisions of Minnesota Statutes, Section 13.01-13.90 and MSA 290.61 relating to data privacy.

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*Volunteer/Intern signature*

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*Date*



From:  
Northwest Youth & Family Services  
Human Resources  
3490 Lexington Avenue North, Suite #205  
Shoreview, MN 55126

To:  
Minnesota Bureau of Criminal Apprehension  
CJIS – Records  
1430 Maryland Avenue East  
St. Paul, MN 55106

(Please print clearly)

**Last Name of Applicant:** \_\_\_\_\_

**First Name:** \_\_\_\_\_ **Middle** (full): \_\_\_\_\_

**Maiden, Alias or Former:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_  
(mm/dd/yyyy)

**Social Security Number** (Optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to *Northwest Youth & Family Services* for the purpose of employment, volunteering or internship as \_\_\_\_\_ with this agency.  
(position title)

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Full Signature of Applicant (include middle initial)

\_\_\_\_\_  
Date signed

Nonprofit Organization  
Agency # T514863808

*(Only need to complete this form if you will be driving clients and/or agency vans)  
(Please attach a copy of your driver's license & current insurance)*

## **Driving Check Request and Release from Liability (Volunteers/Interns)**

I understand that driving a Northwest Youth & Family Services (NYFS) vehicle requires me to have a satisfactory driving record. I agree to allow NYFS to check my driving record prior to driving clients and/or agency vans, and to check it annually thereafter. I further agree to report any license suspensions, serious accidents or offenses, or any other condition to my supervisor immediately that may affect my ability to drive agency vans or my own vehicle.

I understand that NYFS will not furnish this information to a third party without my written consent.

I agree to release NYFS, its employees, and those who supplied you with the information from any liability or damage which may result from furnishing the requested information, or my failure to be accepted for the volunteer or intern position for which I am applying.

\_\_\_\_\_  
Print Name

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

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
State of License

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date