



VOLUNTEER APPLICATION

*VOLUNTEER INFORMATION

*Full Name: _____

*Cell #: _____

*E-mail: _____

*Birthday: _____

*Address: _____

*City/State/Zip: _____

Child's Name1: _____

Birthday: _____ Age: _____

Child's Name2: _____

Birthday: _____ Age: _____

Child's Name3: _____

Birthday: _____ Age: _____

*VOLUNTEER POSITION INTEREST

Are you applying to a specific program or position?* _____

What kind of volunteer activities are you interested in?

Please check all that apply.

- Administrative and program support, e.g., data entry
- Childcare or play and nature groups
- Music Teacher, Art Teacher, & Sports Coaches
- Tutoring and activity groups for children and youth
- Teen Counseling & Psychiatrist
- Youth Leader & Camp Counselors
- Community Parents Education
- Special events
- Community Outreach
- PCA Board of Directors
- Translation & Interpretation
- Fundraising Coordinator
- Event Coordinator
- Volunteer Coordinator
- Other

Other/Languages

If you checked "Translation," "Interpretation," or "Other," please list language(s) or other volunteer interests here:



Have you volunteered at PCA before? If yes, please list your volunteer role(s).

Do you have a relative(s) and or friend(s) employed by ? If yes, please specify:
Name/PCA Job Title/Relationship

Why would you like to volunteer with PCA? What are some skills or experiences that you would like to contribute and/or gain?

PCA's race and social justice efforts build on the understanding that undoing poverty means undoing racism and other oppressions.

Please describe your experience and interest in working with people living on low incomes from diverse backgrounds (this may include race, culture, gender, sexual orientation, religion, socioeconomics, age, etc.)

How did you learn about volunteering at PCA?

Please check all that apply.

- Friend/relative
- Facebook or Instagram
- PCA Website
- PCA employee
- News outlet
- Event
- Other

If you checked "PCA employee," "News outlet," "Event," or "Other," please specify.



***EMERGENCY CONTACTS**

***Emergency Contact 1**

Full Name: _____

Cell #: _____

E-mail: _____

Relationship: _____

Address: _____

City/State/Zip: _____

***Emergency Contact 2**

Full Name: _____

Cell #: _____

E-mail: _____

Relationship: _____

Address: _____

City/State/Zip: _____

***REFERENCES**

We contact references for all volunteer positions that work with children or vulnerable adults. Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. We contact references after a prospective volunteer attends an orientation. Two references are required.

***Reference 1**

Full Name: _____

Cell #: _____

E-mail: _____

Relationship: _____

***Reference 2**

Full Name: _____

Cell #: _____

E-mail: _____

Relationship: _____

***Reference 3**

Full Name: _____

Cell #: _____

E-mail: _____

Relationship: _____



***AUTHORIZATIONS & AGREEMENTS**

Authorization*

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with PCA.

Yes

COVID-19 Screening Agreement*

I agree to read and complete PCA's COVID-19 self-screening assessment before each volunteer shift. PCA works in alignment with Public Health – Seattle & King County to fight community transmission of COVID-19. Staff, volunteers, and visitors are asked to stay at home if they have COVID-19, feel at all unwell, or have been exposed to people who have COVID-19 or its symptoms. This screening tool, adapted from the Washington State Department of Health, helps folks identify if they fall under those categories.

Yes

Confidentiality Agreement*

In signing this agreement, I acknowledge that I have read and understand PCA's confidentiality policies. I understand and agree that in the performance of my duties as an employee or volunteer of PCA, I must hold certain information regarding clients, employees, and volunteers in the strictest confidence. Further, I understand that confidentiality is protected by Federal law (42CFR Part II and Uniform Health Care Information Act), and that any intentional or involuntary violation of the confidentiality with regard to clients, employees, and/or volunteers may result in disciplinary action including suspension and/or termination.

I agree

Liability Release*

I hereby release, indemnify, and hold harmless PCA, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all PCA activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with PCA.

Yes



Media Release*

In signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with PCA. I understand that PCA will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in PCA materials such as printed publications, the PCA website (www.PCAorganization.org), videos, social media, grant proposals, and promotional materials to support PCA and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos and/or story to be used, I agree to contact the PCA Communications Department at Pioneerofchineseamerican@gmail.com or PCA phone #. Once requested, PCA will not create new materials using participants' media – but we may continue to use already printed materials until we can make replacements.

- I accept
- I decline

REMINDERS: 1) All sections marked with * are required. You may mark sections not applicable to you with N/A.

QUESTIONS? Volunteer Coordinator: 909-348-3333,
PioneerofChineseAmerican@gmail.com, 4915 Walnut Grove Ave, San Gabriel, CA 91765

*Signed: _____
(Volunteer or Parent/Guardian)

*Date: _____

Please note: If you are under 18, your parent or guardian may also need to sign an Underage Volunteer Waiver.



华裔先锋义工申请书

姓名: _____ 手机: _____
电邮: _____ 生日: _____
地址: _____ 城市/州/邮编: _____
孩子姓名: _____ 年龄: _____
孩子姓名: _____ 年龄: _____
孩子姓名: _____ 年龄: _____

签名前请仔细阅读。这是对某些法律权利的责任和豁免。

我(义工参与者), _____, 是该参与者的注册参与者和/或父母/监护人参与者同意并了解PCA活动。我认识到 _____ 活动存在内在的风险, 包括但不限于瘫痪伤亡。

对于并考虑进入该场所, 我同意免除 (PCA) 管理人员, 操作员, 代理商, 赞助商和员工的责任, 并免除由此引起的任何和所有索赔和责任。他们提供和/或使用其设施的服务, 包括但不限于人为疏忽造成的人身伤害或损害。此免除和豁免适用于我自己以及我带入房屋的任何未成年子女。

我和我带入的任何未成年子女, 授权 (PCA) 的任何代表让参与者在参加 (PCA活动) 期间遇到任何紧急医疗情况。此外, 参与者和/或父母/监护人同意为参与者支付与医疗和运输相关的所有费用。

我已在此表格的背面注明了工作人员应注意的任何医疗/健康问题。
我已经仔细阅读了以上责任声明, 并充分了解其内容和意义在其上签名。

签字: _____ 日期: _____
(义工参与者或监护人)