



Opening Doors to Independence

**Volunteer Application**

Access Alaska, Inc. is an equal opportunity employer. Access Alaska, Inc. makes every effort to ensure that in every phase of its recruitment and selection processes equal employment opportunity is provided to all individuals regardless of race, color, genetics, sex, gender, sexual orientation, age, religion, marital status, change in marital status, pregnancy, parenthood, disability, national origin or citizenship, or veteran's status.

**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?

- Weekday mornings       Weekend mornings
- Weekday afternoons       Weekend afternoons
- Weekday evenings       Weekend evenings

**Interests**

Tell us in which areas you are interested in volunteering

- Administration       Deliveries
- Events       Home Modifications
- Data Entry       Newsletter production
- Fundraising       Volunteer coordination

**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.

**Previous Volunteer Experience**

Summarize your previous volunteer experience.

[Empty box for summarizing previous volunteer experience]

**Person to Notify in Case of Emergency**

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

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Applicant's Certification and Agreement**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize Access Alaska, Inc. to verify their accuracy and to obtain reference information on my work performance. I hereby release Access Alaska, Inc. from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information.

I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal.

I understand that should a Volunteer offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied contract. I understand that any offer is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

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

**EEO: Voluntary Self-Identification Form**

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. **Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment.** This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by Human Resources Department. Please return completed forms to the Human Resources Department.

Name		Date
Race or Ethnic Identity	Gender	Veteran Status
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> White (not Hispanic or Latino) <input type="checkbox"/> Black or African American (not Hispanic or Latino) <input type="checkbox"/> Native Hawaiian or Pacific Islander (not Hispanic or Latino) <input type="checkbox"/> Asian (not Hispanic or Latino) <input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) <input type="checkbox"/> Two or More Races (not Hispanic or Latino) <input type="checkbox"/> _____	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> _____ <div style="background-color: #cccccc; text-align: center; padding: 2px;"><b>Disability Disclosure</b></div> <input type="checkbox"/> Individual with Disabilities <input type="checkbox"/> - _____ _____ _____ _____	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Special Disabled Veteran <input type="checkbox"/> Recently Separated Veteran <input type="checkbox"/> Armed Forces Services Medal Veteran <input type="checkbox"/> _____ _____
Age		
<input type="checkbox"/> Under the age of 40	<input type="checkbox"/> Over the age of 40	Date of Birth: _____
<input type="checkbox"/> <b>I do not wish to Self-Identify</b>		

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**Authorization for Release of Information**

Due to the nature of its business Access Alaska, Inc. requires a background check on each of its employees.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female

Place of birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Current address:

\_\_\_\_\_

City, State, Zip:

\_\_\_\_\_

I \_\_\_\_\_, (print name) hereby authorize access to REFERENCE, CRIMINAL, CREDIT, CIVIL, AND TRAFFIC records (warranted by position). I authorize a full review and complete disclosure of all records of all agencies by/to any duly authorized agent of Access Alaska, Inc. whether the said reports are public or private and including those, which may be deemed to be of privileged or confidential in nature. I understand this information is as listed in the records, and by accessing information Access Alaska, Inc. is not liable for its content or accuracy. I agree to indemnify and hold harmless the person to whom this request is presented, their agents and employees, from and against any and all claims as a result of the release of information.

I HAVE READ THIS AGREEMENT AND UNDERSTAND ITS CONTENTS. A copy of this release form will be considered valid as an original hereof and will remain in my personnel file.

\_\_\_\_\_  
Employee Name (print name)

\_\_\_\_\_  
Employee Name (signature)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Witness (print name)

\_\_\_\_\_  
Date Signed