

Please Return Completed Form to:

Sara Alexander— Volunteer Coordinator
P.O. Box 1136, Anderson, SC 29622
Fax: (864) 225-0349
E-mail: sara.alexander@aimcharity.org



For office use only:

Date Submitted: _____ Initials _____

Date Interviewed: _____ Initials _____

Volunteer Application

For PTI Community Service

NAME: _____ NICKNAME: _____

ADDRESS: _____

PHONE: _____ E-MAIL _____ DOB: (M/D/Yr) _____

EMERGENCY CONTACT INFORMATION:

Name _____ Relationship _____

Home # _____ Cell # _____

Please list any medical conditions that we should be aware of:

Do you attend a local church? Yes No

If Yes, Church Name/Pastor _____

REFERENCES:

Name _____ Relationship _____

Address _____ Phone # _____

Name _____ Relationship _____

Address _____ Phone # _____

Hours needed and reason for Court Ordered Community Service: Hours _____ By: ____/____/____

Have you ever been convicted of a Violent Crime? Yes No If yes, please explain:

Do you have any pending charges other than a minor traffic offense (Misdemeanor, felony)?

Yes No

If yes, explain _____

Contact Info for whoever is overseeing your hours (probation officer, attorney, counselor, etc.):

Name: _____ Phone # _____

E-mail: _____

Have you ever been a client of AIM? Yes No

If Yes, services/date _____

AVAILABILITY: Check available days (AIM's office hours are Mon-Thur 8-4 and Fri 8-2)

	Monday	Tuesday	Wednesday	Thursday	Friday
Available					
Time					

CONFIDENTIALITY STATEMENT

I understand and agree to comply that as a volunteer of AIM to ensure the privileged and confidential nature of client information. In accordance with such regulations, I agree to hold confidential all information about clients or former clients and agree not to divulge such confidential information to unauthorized persons. I understand that my failure to comply with the provisions of the confidential regulations may result in suspension or dismissal from volunteer activities. I also recognize that a background check may be done on me and my references verified.

SIGNATURE _____ DATE: _____

(Parent or Guardian if Under 18)

WITNESS _____ DATE: _____