



FAIRBANKS NATIVE
ASSOCIATION

3830 S. Cushman St., Fairbanks, Alaska 99701

(907) 452-1648 Fax (907) 452-1423

hr@fairbanksnative.org

VOLUNTEER FORM

Full Name: _____

Mailing Address: _____

City: _____

State: _____

Zip Code: _____

Phone Number: _____

Email: _____

Emergency Contact Info

Full Name: _____

Phone Number: _____

Why are you interested in volunteering at FNA?

Which program(s) are you interested in volunteering?

Volunteer Availability (Please checkmark your availability)

| Day | Morning (8 AM - 12 PM) | Afternoon (12 PM - 4 PM) | All Day (8 AM - 4 PM) |
|---------------------|---------------------------|-----------------------------|--------------------------|
| Work Week (Mon-Fri) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All Week (Mon-Sun) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Monday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sunday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

References

First & Last Name

Phone Number

Email

Please list three references (no more than one being a relative).

FAIRBANKS NATIVE ASSOCIATION

Have you ever been convicted of a felony, misdemeanor, or offense other than a minor traffic violation?

Yes No

If yes, please explain:

Do you have a valid Driver's License? Yes No

Have you previously been employed with FNA? Yes No

Please read the following carefully and initial your acknowledgment for each paragraph.

_____ I hereby authorize FNA to thoroughly investigate my references, education, criminal record and other matters related to my suitability for volunteering or interning at FNA. I hereby release FNA and all other persons or entities from any and all claims, demands, or liabilities arising out of, or in any way related to such investigation or disclosure.

_____ I understand that nothing contained in the application, or conveyed to me during any interview that may be conducted is intended to create an employment contract, implied or explicit, between me and FNA.

_____ I understand that if selected as a volunteer or intern with FNA, I would not be entitled to any pay, compensation or benefits, and I also understand the relationship may be terminated for any reason at any time.

_____ If selected to participate, and per this application, I agree to be an effective intern/volunteer and fulfill all the goals/objectives as outlined in my Intern/Volunteer Expectations form.

_____ I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for volunteering or interning and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure volunteering or interning shall be grounds for rejection of this application or for immediate discharge, regardless of the time elapsed before discovery. Non-disclosure of criminal records could result in possible denial of volunteer or intern status.

My signature below certifies that I have read and understand this document and agree to the terms and conditions as outlined.

Printed Name

Signature

Date