



Dear Prospective Volunteer,

Thank you for your interest in the volunteer program at Covenant House Alaska. We depend on volunteers for a variety of tasks and projects that would otherwise fall to the bottom of a long list of priorities. Our volunteers do everything from recreational activities with the youth, answering phones, arts & crafts, to working one on one with them as mentors and facilitators.

In this packet you will find a review of the application/interview process, an application, and a Confidentiality Statement. Contact information for all three references is important and required. Please make sure your references have known you for at least one year and are not related to you.

The process of becoming a volunteer at Covenant House depends on many elements including the schedule of the applicant, references, and interviews. Volunteer placement is also dependent on our various program needs at the time. The nature of our organization requires us to be very cautious while screening new volunteers. Please be patient with the process and we will do our best to help you have a rewarding volunteer experience.

Thank you again for your interest in becoming a Covenant House Alaska volunteer. I look forward to meeting you and introducing you to a program that takes youth from the street and gives them a chance for a future.

Please do not hesitate to call or email me with any questions.

Sincerely,

Sarah Lauren Shives  
Mentor & Volunteer Services Coordinator  
Covenant House Alaska  
(907) 339-4248  
sshives@covenanthouseak.org



## Steps to becoming a Covenant House Alaska **Volunteer**

### 1. **Application Packet** (including Confidentiality Statement)

Please complete and return to:

*Covenant House Alaska  
attn: Sarah Lauren Shives  
Mentor & Volunteer Services Coordinator  
609 F. Street  
Anchorage, AK 99501*

*(or fax to 907.272.1466)*

2. **Interview** with the Mentor & Volunteer Services Coordinator and Department Manager. We will discuss your background, interests, and volunteer and agency expectations.
3. **Orientation & Training:** Attend a three-hour orientation to learn the specific policies and procedures of the agency and about working with our youth.
4. **Fingerprinting & Background Clearance:** Covenant House is required by law to complete a fingerprint background check. You will receive the forms required for the background check after your interview.
5. **First Visit/Job Shadow:** This will be scheduled with your assigned program supervisor. Volunteers, please maintain contact with your program supervisor and sign-in at every visit.

If you would like further information about volunteering please contact:

*Sarah Lauren Shives  
Mentor & Volunteer Services Coordinator  
sshives@covenanthouseak.org  
907.339.4248*



**VOLUNTEER APPLICATION**

Today's date: \_\_\_\_\_

Name: _____	Email: _____
Cell phone #: _____	Home phone #: _____
Address: _____	Date of birth:     /     /
_____	S.S.#: _____

**EMERGENCY CONTACT**

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ Phone#: \_\_\_\_\_

How were you referred to Covenant House Alaska? \_\_\_\_\_

Are you related to or do you reside with anyone who is a Covenant House employee or resident?

Yes  No If yes, please give: Name \_\_\_\_\_ Program \_\_\_\_\_

Do you have any experience as a Board Member of a Non-profit? If so, where?

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Employer	Title/Job	Dates (start & end)	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**PREVIOUS VOLUNTEER EXPERIENCE**

Agency	Type of Work	Dates (start & end)	Phone #
1. _____	_____	_____	_____
2. _____	_____	_____	_____

**EDUCATION**

High School: \_\_\_\_\_  
College/University: \_\_\_\_\_  
Other Education or Training: \_\_\_\_\_

**Why you are interested in volunteering with the youth at Covenant House Alaska?**

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**Please list any skills, hobbies, and special training you have (examples: arts and crafts, modern languages, computer skills, educational training, etc.)**

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**REFERENCES (3 people who are unrelated to you and that you have known for more than 1 year)**

1)  
Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

2)  
Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

3)  
Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Daytime Phone#: \_\_\_\_\_

I hereby certify the information given in this application to be true and accurate to the best of my knowledge. I understand that the information on this application is subject to verification.

I authorize a release of information concerning my character, employment history and suitability to work with children. I hereby release from all liability and damages both Covenant House Alaska and those individuals or companies who provide such information.

I understand and acknowledge that any volunteer relationship with Covenant house Alaska is of an "at will" nature, which means that the volunteer may resign at any time and Covenant House Alaska may discharge a volunteer at any time with or without cause.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return completed applications (with Confidentiality Statement) to:

Covenant House Alaska  
attn: Sarah Lauren Shives  
Mentor & Volunteer Services Coordinator  
609 F. Street  
Anchorage, AK 99501



## VOLUNTEER CONFIDENTIALITY STATEMENT

I, the undersigned, understand that any information which is disclosed to me while I am visiting Covenant House Alaska is confidential and that this confidentiality is protected by federal law. I understand that I cannot make any disclosure of this protected information without the written permission of the residents.

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Printed Name of Volunteer

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Signature of Volunteer

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Date