

Volunteer Intake Application

Intake Date: / /

** This information is for JPRN use only. Do not release this information to any third party without the owner's consent. 日本の方は日本語でご記入ください。*

Thank you for your interest in volunteer opportunities with JPRN. Please return this form to: **Japan Pacific Resource Network (JPRN), 310 8th Street, Suite 305A, Oakland, CA 94607.** When we receive your application, we will contact you and arrange an on-site interview when it's necessary.

Last Name: _____ First Name/M. _____

Street Address: _____

City: _____ State: _____ Zip code: _____

Phone (Home): _____ Phone (Work): _____

Email: _____ Date of Birth (yy/mm/dd) _____

Occupation (if student, school and major): _____

Languages: Primary _____ Secondary _____

Other _____

Emergency Contact

Person: _____

Relationship: _____ Phone: _____

How did you hear about JPRN?

Why do you want to volunteer at JPRN?

Which positions interest you?

- | | | | |
|---|--|--|----------|
| Translation/interpretation (Japanese-English, English-Japanese, Both) | admin assistant duties | | |
| PR/marketing | project planning/Grantwriting | Fundraising | Research |
| Japanese DTP | Japanese web design and update | Media editing (video, audio, online media) | |
| Other IT(|) | | |
| Program site visits escort (chaperon) | Other assistance to the Japanese-speaking participants | | |

What commitment can you make?

Long-term, ongoing circle one: weekly biweekly monthly
Short-term circle one: one month a few weeks a few times once
Other ()

What day(s) and time(s) are you available?

• Sun Mon Tues Wed Thu Fri Sat Flexible
• Morning () Afternoon () Evening () Flexible

** Our regular working days are Monday through Friday. However, we might work on Sat. and Sun. when we implement special programs.*

How many hours/per week do you like to volunteer? _____

Do you have a criminal history? NO YES

Explanation optional: _____

Areas of special interest/abilities: _____

Describe other volunteer work you have done: _____

Describe what you liked or didn't like in past volunteer work:

Describe your personal hobbies/interests: _____

Indicate any concerns you have (including health conditions) that might affect your ability to be an effective volunteer:

Additional Comments: _____

**VOLUNTEER DECLARATION AND STATEMENT OF
CONFIDENTIALITY**

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I AGREE TO USE CONFIDENTIAL INFORMATION ONLY AS NEEDED TO PERFORM MY LEGITIMATE DUTIES AS VOLUNTEER RECEIVING INFORMATION FROM JAPAN PACIFIC RESOURCE NETWORK. THIS MEANS, AMONG OTHER THINGS, THAT:

- A. I WILL ONLY ACCESS CONFIDENTIAL INFORMATION FOR WHICH I HAVE A NEED TO KNOW; AND

- B. I WILL NOT IN ANY WAY DIVULGE, COPY, RELEASE, SELL, LOAN, REVIEW, ALTER OR DESTROY ANY CONFIDENTIAL INFORMATION EXCEPT AS PROPERLY AUTHORIZED BY JAPAN PACIFIC RESOURCE NETWORK.

- C. I WILL NOT MISUSE CONFIDENTIAL INFORMATION OR CARELESSLY CARE FOR CONFIDENTIAL INFORMATION.

Volunteer Signature

Date

Printed Name

PARENT/GUARDIAN LIABILITY WAIVER FOR MIORS
(Must be completed if under age 18.)

I, the undersigned, as parent/legal guardian of _____ agree to waive Japan Pacific Resource Network and its staff from any and all liability incurred in the performance of work for the agency. I agree to submit to the Agency in writing any requests outlining limitations of work assignments prior to signing this declaration.

Signature of Parent/Guardian

Date

Printed Name

Relationship