

Disability Action Center

VOLUNTEER APPLICATION

Name:			
Street Address:		Phone:	
City, State, Zip:		Email:	

Why are you interested in volunteering for Disability Action Center?	
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Have you ever worked or volunteered for Disability Action Center before?	Yes ☐	No ☐	
If yes, when and what did you do?			

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

If you have specific days/times you would like to volunteer, please list here:	Day(s) _____ Time(s) _____
	Day(s) _____ Time(s) _____
	Day(s) _____ Time(s) _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature:		Date:	
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Disability Action center - Northwest, Inc.
Volunteer Code of Ethics

DAC MISSION STATEMENT

DAC NW is building community, achieving equality, and creating independence in an accessible world.

I understand and support the mission of the Disability Action Center - Northwest, Inc. I know that as a volunteer, my services and involvement are greatly appreciated and, in fact, essential to the success of the center. I know I can expect consideration and support from the staff and board of directors, and I know I can come freely to them with questions, opinions, and concerns.

Whenever I am working with an individual who is a consumer of center services, I will respect the integrity and freedom of choice of those individuals. I understand that my role as a volunteer is to be an advocate and partner in helping others meet their expressed needs and goals. If a conflict between my personal interests and values and those of the individuals with whom I am working or whom I am in contact with develops, I will refrain from using my position to exert undue influence. I will do my best to remember that every individual consumer has his or her own value system and choice of lifestyle.

I will respect the privacy of the people with whom I have contact during my work as a volunteer. This includes consumers of services, other people with disabilities, the board of directors, staff, and other volunteers. I understand that any information about those seeking or receiving services through the center is considered confidential and is not to be discussed elsewhere. I will make every effort to monitor my own conversation so as not to cause anyone embarrassment and to protect and extend the positive image of Disability Action Center - Northwest, Inc. in the community.

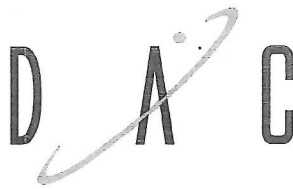
I will distinguish clearly between my statements and actions as an individual and as a representative of the Disability Action Center - Northwest, Inc. I understand and agree that I will act as a representative of the Disability Action Center - Northwest, Inc. only in circumstance in which I am specifically asked to do so. At such times, the limits of my authority to represent the center will be decided by the Executive Director or designee and ultimately the board of directors. I will make it my responsibility to clarify limits of my authority whenever they are not absolutely clear to me. I understand that I can be held personally liable for any unauthorized financial commitments I make under the guise of representing the Disability Action Center - Northwest, Inc.

I will maintain records of my time and travel accurately. I hold myself responsible for the quality of my work. I will be objective about my own level of commitment and will agree to do only those things I plan to complete. I understand that I am accountable to the DAC administration for my actions as a volunteer of the Disability Action Center - Northwest, Inc.

I understand and agree to the principles contained in this Code of Ethics:

Signature

Date



DISABILITY ACTION CENTER

Volunteer Confidentiality Agreement

I agree to respect the confidential nature of case information as well as my personal contacts with consumers and other agencies that DAC-NW works with.

Signature _____

Date _____

505 NORTH MAIN STREET
MOSCOW . IDAHO 83843
moscow@dacnw.org

208.893.0523 VOICE.TTY
1.800.475.0070
208.893.0524 FAX

307 19TH STREET, SUITE A1
LEWISTON . IDAHO 83501
lewiston@dacnw.org

208.746.9933 VOICE.TTY
1.888.746.9933
208.746.1004 FAX

1323 SHERMAN AVENUE . SUITE 7
COEUR D' ALENE . IDAHO 83814
cda@dacnw.org

208.664.9896 VOICE.TTY
1.800.654.9500
208.666.1362 FAX

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