



Kentucky Refugee Ministries
 1206 North Limestone Street
 Lexington, KY 40505
 Phone: (859) 226 - 5661
 Fax: (859) 226 - 9631

For Office Use:

IN: _____
 RS: _____
 DB: _____ / ESL _____
 BC: _____

KRM Lexington Volunteer and Intern Application

Name: _____ Date: ____/____/_____
 Birthdate: ____/____/____ Age: _____ Male Female
 Address: _____ City/State/Zip: _____
 Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____
 Best Time to Call: _____
 Emergency Contact: (Name/#): _____
 E-Mail: _____ Preferred method of contact? _____
 Auto Insurance Company and Policy # _____

What type of volunteer experience are you most interested in? (Check all that apply)

- ESL tutoring for adults Appointment Assistant Apartment Set-Up
- Life Skills Mentor Office Aid Citizenship Tutoring Special Events
- Translation/Interpretation
- Internship (for school credit) Prog/Course: _____
- Internship (not for school credit)

What is your availability to volunteer? (Please be specific about times of day)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

How often can you volunteer? More than once-a-week Once a week Every 2 weeks
 Monthly Other: _____

When could you begin volunteering? _____

How long are you initially willing to commit? _____

For Office Use Only:	CC: _____
Assignment: _____	

Skills and Interests

Educational Background: _____

Current Occupation: _____

Language Abilities:

Language: _____ Level: _____

Language: _____ Level: _____

Language: _____ Level: _____

Special Skills and/or Interests: _____

Why are you interested in working with refugees? _____

Is there any additional information you would like to share? _____

How did you hear about KRM in Lexington?

Friend Church / Name of faith community: _____

Website School / Name: _____

Social Media: _____ Other: _____

THANK YOU for your willingness to assist KRM's clients in acclimating to life in the United States and Lexington. We value your feedback and ideas as we work to build the best possible volunteer program. Please feel free to contact Marlee Mirre, KRM-Lexington's Volunteer Coordinator, at (859) 226 - 5661/ mmirre@krmllex.org with any questions or suggestions.

Please return this form to:
Kentucky Refugee Ministries
Attn: Volunteer Coordinator
1206 North Limestone Street
Lexington, KY 40505

CONFIDENTIALITY AGREEMENT

Refugees are people who have endured the loss of their homeland, their way of life and their dignity. They may have suffered great tragedies or have been victims of persecution or torture. They have come to this country to rebuild their lives in keeping with their culture and individual nature. They have a right to recover their privacy and to determine when and how their stories might be shared with others.

Volunteers who work with the refugee program agree to:

1. Respect the privacy of the refugees with whom you are matched. They may not want the stories they share with you to be shared with others. Ask them what you may tell others and what they consider to be private information.
2. Safeguard the confidentiality of the refugees by not making their names, stories and personal circumstances public in any fashion without their consent. This includes, but is not limited to, the use of photographs and information in news stories for church bulletins, corporate newsletters or local newspapers. Many refugees are happy to share their stories in the media, but please be sure to ask them first.
3. Hold in strict confidence any information of a sensitive nature shared by the case manager or KRM staff.

I have read these policies and understand the refugee's right to privacy and confidentiality. I agree to fully abide by these policies.

Volunteer's Signature

Date

KRM Staff Signature

Date

VOLUNTEER ORIENTATION

1. All information about our clients is confidential, as per the Kentucky Refugee Ministries “Confidentiality Agreement.”
2. Our agency does not have insurance to cover volunteers driving on behalf of our agency. *Please understand that your insurance will have to cover any volunteer related transportation.*
3. When transporting a client, please require all passengers to wear a seat belt. Young children **must** be properly fastened in an age-appropriate car or booster seat. Our agency can help supply these items.
4. If the refugee asks you to take them places other than your planned destination, you may refuse to do so if you are uncomfortable. Please feel free to contact our office if this happens or simply explain that you do not have time.
5. When representing our agency, please dress appropriately for the event: i.e. if you are going to a job interview, look professional. If you are to be moving furniture, dress casually.
6. If you take a client to an appointment, you may need to help them fill out forms and schedule follow up appointments. At medical appointments, request the interpreter line for any communication difficulties.
7. **Please notify our office of any follow-up appointments or referral visits** so that we can make sure clients attend all necessary appointments. Try to get any important information in writing.
8. **Please keep us informed of any services you provide** for the refugees so that we may make the necessary notations in their case files. It is important to keep us updated about their activities so we can adequately meet their needs.
9. **Volunteers are responsible to inform us of their hours each month, either on paper or through e-mail.** For ESL tutors, please let us know if you have to stop tutoring for any reason. If you are meeting in client’s homes, inform us of any problems or issues you observe so that we may properly address them.
10. If you have any questions or concerns, please contact us as soon as possible.

By signing, I acknowledge that I have been informed of my rights and responsibilities as a volunteer with Kentucky Refugee Ministries and agree to fulfill these duties.

Volunteer’s Signature

Date

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH VOLUNTEERING WITH KENTUCKY REFUGEE MINISTRIES, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Kentucky Refugee Ministries, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Kentucky Refugee Ministries

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that Kentucky Refugee Ministries and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name

Age

(Please print legibly.)

Parent/Guardian Signature

Date

(If under 18 years old, Parent or Guardian must also sign.)

