



RurAL CAP
Rural Alaska Community Action Program, Inc.

731 E 8th Ave.
Anchorage, AK. 99501
Fax: 1-866-287-7053
email: asp@ruralcap.org
Phone: 907-717-7932

Volunteer Application

Thank you for your interest in RurAL CAP's **AmeriCorps Seniors Program**. We're always excited to bring new volunteers into the program and we hope that our program will be a good fit for you. In this packet you'll find all the paperwork that we need in order to consider you for this volunteer opportunity. Complete and return this application as soon as possible. *(see top of page for address)* Or apply online at, <https://eldermentor.org/elder-mentor-full-application/>

Benefits of Volunteering with our Program:

- Training and volunteer support
- Tax exempt hourly stipend of \$4
- **PTO and Holiday pay**
- Meal & mileage reimbursements
- Giving back to your community

Volunteer Eligibility:

- Must be age 55 or older
- Commitment to serve at least 5 hours a week
- Meet income eligibility requirements([see next page for details](#))
- Pass background checks (name based search/ fingerprints/ National Sex Offender Register).
- Complete required orientation training

Once we receive your application and complete the onboarding process, RurAL CAP will find you a placement at an organization in your community. We work directly with all host sites to ensure that there is an on-site supervisor to welcome, train with, and support you.

Privacy Statement - RurAL CAP will ensure that any Personal Identifiable Information (PII) that you provide in this application will not be shared with any party outside of the program staff. RurAL CAP utilizes an approved shredder for document disposal, as well as an encrypted email system for any documents that contain sensitive information; the IT Department has established processes and protocols for protecting all agency data. The information you provide in these forms will only be used for program eligibility checks, background checks, and program enrollment. All information will be kept in our secure systems and only necessary program staff will have access to it.

Non-discrimination Statement - It is the policy of RurAL CAP to recruit, hire, train, and promote for all job classifications without regard to a person's race, religion, color, national origin, age, physical or mental disability, sex, sexual orientation, marital status, changes in marital status, pregnancy, parenthood, veteran status, genetic information, or any other impermissible characteristic as defined by law when the reasonable demands of the position do not require distinction of the aforementioned items. RurAL CAP is committed to providing timely meaningful access for eligible individuals to volunteer opportunities, services and activities. RurAL CAP intends to provide meaningful access to programs to persons with Limited English Proficiency (LEP), within parameters that do not incur undue burden on RurAL CAP resources. If you have questions or concerns, or need a reasonable accommodation to participate in the Elder Mentor Program please contact *please contact RurAL CAP AmeriCorps Senior Program Staff at 907-717-7932 or RurAL CAP HR department info@ruralcap.org*

Background Check and Release of Information – As part of the AmeriCorps Senior program it is required that all volunteers pass both a state and federal background check. Murder, sexual offenses, and felonies in the last two years automatically disqualify the volunteer from serving. All other records will be considered on a case by case basis. The release form in this packet gives the state permission to run these checks. Once we receive your release we will let you know how to get your fingerprints taken. RurAL CAP pays for the cost of processing your background check and fingerprints.

Income Eligibility – As an AmeriCorps Senior program we provide stipended volunteer positions. In order to provide a stipend in accordance with the Code of Federal Regulations (CFR) volunteers must be within a certain income level. In the Elder Mentor program this level varies depending on the type of volunteer service (since funding sources vary). Volunteers that are focused on tutoring in math, reading, or social emotional learning must have an income at or below 200% of the federal poverty line. Volunteers that are focused on building cultural connections in the classroom or with other seniors must have an income level at or below 400% of the federal poverty line. **If you are concerned about the income level please contact the AmeriCorps Seniors staff at asp@ruralcap.org or call 907-717-7932.**

Automobile License and Insurance Information – If you drive your own vehicle, and wish to be reimbursed for your mileage to/from your assignment, please attach a copy of your driver's license and insurance to this application. RurAL CAP provides addition accident insurance, but you must also have your own vehicle insurance and a valid driver's license.

VOLUNTEER INFORMATION

First/Last Name:

Address

DOB:

Address/PO box

City

Zip Code

Email address:

Primary Phone:

Secondary Phone:

Preferred method of contact:

☐

Phone Call

☐

Text Message

☐

Email

☐

Other:

Which track are you applying for:

☐

SENIOR COMPANION (SERVE SENIORS)

☐

ELDER MENTOR (SERVE YOUTH)

Emergency Contact:

Name

Phone Number

Relation

T-shirt Size:

☐

X-Small

☐

Small

☐

Medium

☐

Large

☐

XL

☐

XXL

☐

XXXL

DEMOGRAPHIC INFORMATION

As a grant-funded program, we collect participant data anonymously for reporting purposes. Your information remains confidential. Participation is voluntary. Rural CAP values diversity and does not discriminate based on race, color, religion, gender, age, nationality, disability, marital status, sexual orientation, or military status.

Gender:

☐

Male

☐

Female

☐

Other

Are you a Veteran?

☐

Yes

☐

No

Is anyone in your family actively serving in the military?

☐

Yes

☐

No

Race:

☐

Black or African American

☐

Alaska Native or Native American

☐

White

☐

Native Hawaiian or Other Pacific Islander

☐

Asian or Asian American

Other:

Ethnicity:

☐

Hispanic, Latino or Spanish

☐

Not Hispanic, Latino or Spanish

Are you living with any disabilities?

☐

Yes

☐

No

Current Housing:

☐

Own with mortgage

☐

Own without mortgage

☐

Rented

☐

Other

REFERENCES

Please provide 2 character references that the program may reach out to.

Name:

Phone Number :

Name:

Phone Number :

APPLICATION QUESTIONS

We would like to get to know a little more about you. Please provide responses to the following questions in the space provided. Your responses will help determine the type of volunteer opportunity that best fits your interests.

Why do you want to be a volunteer with our program?

What job(s) have you held?

What hobbies or activities do you enjoy?

What special skills/Interests/Languages do you have that you can share ?

How did you hear about us?

Languages spoken:

What Days/Hours are you available to volunteer? *Required to serve at least 5 hrs/week*

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday ☐ Sunday

Hours: ☐ Morning ☐ Afternoon ☐ Evenings

Is there a specific organization/school that you would like for your volunteer host site?

Typical Mode of Transportation: ☐ Car ☐ Bus ☐ Paratransit ☐ Walk/Bike ☐ ATV

Do you require any special accommodations or have a physical or medical considerations that may impact a volunteer assignment?

BACKGROUND CHECK INFORMATION

The information you provide below is needed to complete a your FBI fingerprint and background checks. Volunteers must pass the background checks in order to serve as a volunteer with the program. As part of the background check process the program will do an online name-based check for both the state of Alaska and the National Sex Offender Register. Additionally the program submits fingerprints to Alaska Department of Health & Social Services. If you have questions about the background check process please contact the Senior Companion Staff. If the background check process determines that you are unfit for service you have the right to request a re-determination. All information that you provide here will only be used for the background check process and RurAL CAP staff will follow their privacy policy to ensure that your information is kept safe.

Full Legal Name:

As it appears on your official ID

Type photo of ID:

ID number:

State Driver's license/State ID/Tribal ID/Passport

Known by any other names? if yes what?

include maiden names or other aliases

Alaska Residency began:

 /
Month / Year

Country of Citizenship?

Where were you born?

City

State

Height:

Weight:

Hair Color:

Eye Color:

If you lived outside of Alaska within the past 10 years, please list all previous residence for the last ten (10) years. City, State, and Country (if outside the USA).

Attach additional page(s) if necessary.

From (MM/YY)	To (MM/YY)	City	State	Country

RELEASE OF INFORMATION AUTHORIZATION FOR BACKGROUND CHECK

****This form must be signed by the applicant for a background check and must be maintained in the individual's personnel file. If requested by the department, the form must be provided within 24 hours.****

I, _____, authorize and consent to any person provided a copy or facsimile of this Release of Information Authorization for Background Check by an authorized representative of the Department of Health & Social Services, to disclose any information regarding me in relation to civil court information, criminal justice, juvenile justice, protective service and licensing records. I understand any person providing information or records in accordance with this authorization is released from any and all claims or liability for compliance. I understand that this information may otherwise be confidential and that I am waiving that confidentiality and any claim I may have with regard to release of these records. I understand information obtained through this Release of Information Authorization for Background Check will be held in confidence in accordance with DHSS guidelines.

I, _____, authorize and consent to the department marking my name in the Alaska Public Safety Information Network (APSIN) under 7 AAC 10.915(e).

I, _____, understand that upon submission of my fingerprints will be used to check the criminal history records of Alaska and of the Federal Bureau of Investigations (FBI).

I, _____, understand that procedures for obtaining a change, correction, or updating of an FBI criminal history record are set forth at Title 28, Code of Federal Regulations (CFR), Section 16.34.

"This form requires a signature. If the individual is 16-17 years old, a parent's signature is also required."

Printed Name of Applicant (must be legible)

Signature of Applicant

Date

FULL Social Security Number

INCOME ELIGIBILITY FORM

To volunteer, you must meet income guidelines per The Code of Federal Regulations 45 CFR § 2552.43. Verify your income by completing this form with estimates for the next 12 months, or use last year's income if you're a current volunteer. Income thresholds vary by service type. If unsure about eligibility, call the RurAL CAP AmeriCorps Seniors Program at 907-717-7932 before applying. If married and living with your spouse, include their income on the next page. No other household members' income is needed.

Your Name: _____

Date: _____

YOUR INCOME:

Are you receiving Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much do you receive each month? _____
Other than this volunteer program, do you work or do any other kind of paid service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, hours per week: _____ Amount per hour: _____
Do you receive a pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount per month: _____
Do you receive quarterly shareholder dividends from an Alaska Native Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount per quarter (average): _____
Did you receive a PFD this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If you received another income last year, please describe the amount and frequency: _____		

Expenses: We are able to deduct eligible medical expenses, up to 50% of your income.

Health Insurance Premiums or deductible	Amount/month: _____ or Amount/year: _____
Prescription Drugs	Amount/month: _____ or Amount/year: _____
Doctor visits/medical bills	Amount/month: _____ or Amount/year: _____
other allowable medical costs	Amount/month: _____ or Amount/year: _____

Even if you have no spouse income information, you will still need to sign the following page.

INCOME ELIGIBILITY FORM

SPOUSE'S INCOME:

Are they receiving Social Security?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how much do they receive each month? <input type="text"/>
Other than this volunteer program, do they work or do any other kind of paid service?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, hours per week: <input type="text"/> Amount per hour: <input type="text"/>
Do they receive a pension?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount per month: <input type="text"/>
Do they receive quarterly shareholder dividends from an Alaska Native Corporation?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, amount per quarter (average): <input type="text"/>
Did they receive a PFD this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If they received another income last year, please describe the amount and frequency:		
<div></div>		

Expenses: We are able to deduct eligible medical expenses, up to 50% of their income.

Health Insurance Premiums or deductible	Amount/month: <input type="text"/> or Amount/year: <input type="text"/>
Prescription Drugs	Amount/month: <input type="text"/> or Amount/year: <input type="text"/>
Doctor visits/medical bills	Amount/month: <input type="text"/> or Amount/year: <input type="text"/>
other allowable medical costs	Amount/month: <input type="text"/> or Amount/year: <input type="text"/>

I certify that the information furnished above is correct and understand that falsification of information may result in my being deemed ineligible to receive a stipend as an AmeriCorps Senior. I understand that a knowing and willful false statement on this form can be punished by a fine or imprisonment or both under Section 1001 of Title 18, U.S.C.

Volunteer Signature

Date

GRIEVANCE POLICY AND PROCEDURE

In the event that informal efforts to resolve disputes are unsuccessful, AmeriCorps Senior Volunteers may seek resolution through the following grievance procedures. These procedures are intended to apply to volunteer service related issues, such as assignments, evaluations, suspension, or release for cause. In addition, individuals who are not selected as AmeriCorps Volunteer Seniors or labor unions alleging displacement of employees or duplication of activities by AmeriCorps may utilize these procedures.

Optional Alternative Dispute Resolution {ADR}

ADR must be chosen by the Volunteer within 45 days of a specific dispute. If the Volunteer chooses ADR as a first option, a neutral party designated by the program will attempt to facilitate a mutually agreeable resolution. The neutral party must not have participated in any previous decisions concerning the dispute. ADR is confidential, non-binding, and informal. No communications or proceedings of ADR may be referred to at the grievance hearing or arbitration stages. The neutral party may not participate in subsequent proceedings.

If ADR is chosen by the Volunteer, the deadlines for convening a hearing and of a hearing decision, 30 and 60 days respectively, are held in abeyance until the conclusion of ADR. At the initial session of ADR, the neutral party must provide written notice to the aggrieved party of his or her right to request a hearing. If ADR does not resolve the matter within 30 calendar days, the neutral party must again notify the aggrieved party of his or her right to request a hearing. At any time, the aggrieved party may decline ADR and proceed directly to the hearing process.

Grievance Hearing

A Volunteer may request a grievance hearing without participating in ADR, or, if ADR is selected, if it fails to facilitate a mutually agreeable resolution. The Volunteer must make a written request for a hearing and deliver it to their designated program supervisor. That request will then be reviewed and forwarded to the specific program director. The Community Development Division Director may also be involved at this step in handling a grievance. A request for a hearing must be made within one year after the date of the alleged occurrence. At the time a request for a hearing is made, the program should make available to the Volunteer information that it relied upon in its disciplinary decision.

Sign below to knowledge that you have read and understand the above policy and procedure

Volunteer Name

Volunteer Signature

Date

Photo/Media Release

I am voluntarily signing this release form which gives the Rural Alaska Community Action Program, Inc. (RurAL CAP) permission to use photographs, video, audio recordings, and/or textual material, taken of me for use in external or internal publications, including web sites or other electronic forms or media. In doing so, I have confidence RurAL CAP will use this form of media with the utmost respect.

I give up my right to inspect or approve the photographs, publications, or electronic matter that may be used now or in the future and I waive any right to royalties or other compensation arising from or related to the use of the photographs.

I agree to hold harmless RurAL CAP from and against any claims, damages or liability arising from or related to the use of the photographs or other media.

I am 18 years of age and I agree with all statements made above. I have read this release before signing below, and I fully understand the contents of this release.

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Volunteer Name

Volunteer Signature

Date

Auto Insurance Information

If you plan to drive your own car and get reimbursed for the mileage, please provide the following information:

Driver's License Number: **State:**

Insurance Company:

Policy Number:

Expiration date:

ATTACH A COPY OF YOUR DRIVER'S LICENSE AND A COPY OF YOUR AUTO INSURANCE CARD TO SEND BACK WITH THE APPLICATION

Application Acknowledgment and Signature

By signing below, I acknowledge that I have read and understand the following statements:

- I hereby state that I am 55 years of age or older and offer my services as a volunteer for the RurAL CAP AmeriCorps Senior Volunteer Program. I understand that I am not an employee of the AmeriCorps Senior Volunteer Program, RurAL CAP, the volunteer station or the Federal Government.
- I understand that in my capacity as an AmeriCorps Senior volunteer I may come into contact with confidential information. I agree to protect this information to the best of my ability and not to disclose it during or after my service as a volunteer has ended.
- I understand that if I use my personal automobile in my volunteer service, I will arrange to keep in effect automobile liability insurance equal or greater to the minimum requirements of the state of Alaska. I will also keep in effect a valid Alaska Driver's license.

I hereby confirm that the information provided in this application is true and accurate, and that my participation in this program is dependent on meeting background check requirements, income eligibility requirements, and adhering to program policies and procedures. I also acknowledge that I have received notice of my rights with regard to discrimination, Limited English Proficiency and reasonable accommodation, and that I have the right to pursue a resolution through the grievance process by contacting RurAL CAP's Community Development Director at cclements@ruralcap.org or 907-865-7357.

Volunteer Name	Volunteer Signature	Date

Mail this application back to:
 AmeriCorps Seniors Program
 731 E 8th Ave Anchorage AK 99501
 or you can also fax it to **1-866-287-7053**,
 or scan and email it to asp@ruralcap.org

If you have any questions at all please feel free
 to give us a call at 907-717-7932