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://americorpsseniorsak.org/forms-resources/volunteer-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.

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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.

Do you agree to provide demographic information? ☐ Yes ☐ No

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 ☐ Prefer not to say

Current Housing: ☐ Own with mortgage ☐ Own without mortgage ☐ Rented ☐ Other

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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 hobbies or activities do you enjoy?

How did you hear about us?

Are you available to serve at minimun 5 hours per week?

☐ Yes ☐ No

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 accomodations or have a physical or medical considerations that may impact a volunteer assignment?

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INCOME ELIGIBILITY FORM

In order for a volunteer to recieve a stipend they must meet income guidelines per 45 CFR § 2552.43. Income levels vary based on the program and funding source. Even if you think you are over income we encourage you to still apply as there may still be oppotunities for you. If unsure, call us at 907-717-7932 before applying.
Note: If LIVING with your spouse, include their income. No other household members' income is required.

Your Name: _____ **Date:** _____

Are you living with your spouse? Yes ☐ **No** ☐

If no spouse info, leave spouse responses blank.

Yourself-*Check all that apply and put monthly amount*			**Your Spouse** (if Applicable check all that apply and amount)		
Are you receiving Social Security?	☐	Monthly Amount:	Is your Spouse recieving Social Security?	☐	Monthly Amount:
Do you work or do any other kind of paid service?	☐	Monthly Amount:	Does your spouse work or do any other kind of paid service?	☐	Monthly Amount:
Do you receive a pension?	☐	Monthly Amount:	Does your spouse recieve a pension?	☐	Monthly Amount:
Did you receive a PFD this year?	☐		Did your spouse recieve a PFD this year?	☐	
Any other income? *Stake holder shares etc*	☐	Monthly Amount:	Does your spouse have any other income? *Stake holder shares etc*	☐	Monthly Amount:

Expenses: We are able to deduct eligible medical expenses, up to 50% of your income. (include amounts for spouse if applicable)

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: _____

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**

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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

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Initial each section to confirm you've read, understand, and agree to the following.

☐	**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*

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**

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