



healing waters wilderness adventures

volunteer application

Confidential

Please send to: Healing Waters 167 Fell St. San Francisco, CA 94102

Instructions: Healing Waters is gathering this information in order learn more about you as well as your qualifications and interests. Please complete and return this application form and include any additional pages or documentation as is necessary. Please refer to the Volunteer Information Packet for more information.

Part I: Personal Data

Name: _____ Gender: _____ Date of Birth: _____

Email(s): _____

Address: _____

City/State/Zip: _____

Phone: Primary _____ cell work home

Secondary _____ cell work home

Optional:

Occupation: _____

Employer: _____

Part II: Skills, Experience and Availability.

1. Languages: Primary _____ Secondary _____ Third _____

2. Please indicate your area(s) of interest:

- | | |
|--|--|
| <input type="checkbox"/> Trip Host | <input type="checkbox"/> Technical Support |
| <input type="checkbox"/> Guide | <input type="checkbox"/> Art / Design |
| <input type="checkbox"/> Cook | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Street Fair Volunteer | <input type="checkbox"/> Special Events Caterer |
| <input type="checkbox"/> Outreach Volunteer | <input type="checkbox"/> Other (please explain): |
| <input type="checkbox"/> Office / Administrative Volunteer | _____ |

3. Raft Guides Only: Skills Inventory (please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Paddle captain | <input type="checkbox"/> Class III any level |
| <input type="checkbox"/> Stern rig / oar rig | <input type="checkbox"/> Class IV |
| <input type="checkbox"/> Expedition packing | <input type="checkbox"/> Class V |
| <input type="checkbox"/> Class III low water only (<2500 CFS) | <input type="checkbox"/> Safety Kayaker |

8. Certification Inventory: Please list Basic Ist Aid, CPR, SWR,, WFA, WFR, etc.

Certification:	Company:	Expiration Date:

Please attach a copy of each current certification card – front and back

9. Class B License Holders Only:

CDL# _____ Expiration date: _____

Medical Examination Expiration Date: _____

AVAILABILITY

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Notes: _____

Part III: Questionnaire

I. Why are you interested in volunteering for Healing Waters?

Part IV: References

Please provide us with three references who can vouch for your skills and experience level in your area(s) of interest.

Name	Relationship	Contact
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<hr/>		
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confidentiality agreement

Guidelines for maintaining confidentiality

Confidentiality is the legal right of privacy to all persons receiving services from Healing Waters or *Liquid* camp. This right protects the participant's attitudes, beliefs, behaviors, opinions and medical history. Participants can decide to disclose or withhold personal information, as well as decide, when, where and how they choose to share their personal information.

As a volunteer/intern with Healing Waters, you are required to comply with the ethical and legal guidelines of confidentiality. This means:

1. Leave nothing with participant's names lying around during the program or at home
2. Do not gossip or otherwise talk lightly about participants, volunteers or staff
3. When conveying a story about Healing Waters or *Liquid* during or after programs, do not use full names
4. Never give out an address or phone number of a participant without their permission
5. Never discuss confidential information on an answering machine
6. Never disclose identifying information (e.g. photographs or videotapes, etc.) unless given authorization.
7. If you suspect a participant of suicide, homicide, child abuse, elder abuse or dependent abuse, state law mandates that you IMMEDIATELY report the situation to your direct supervisor (see policy regarding limits of confidentiality.)
8. Never share or discuss personal information communicated during a staff meeting.

When participants engage our services, they are assured that all information will be treated confidentially.

It is very important that we keep personal information confidential.

Limits of confidentiality

If you suspect suicide, homicide, child abuse, elder abuse or dependent abuse while volunteering/interning with Healing Waters, you are mandated by law to take the following steps:

1. Contact the Program Director
2. If you are not satisfied with the actions taken, contact the Executive Director
3. If you are still not satisfied with the outcome, it is your right to call the necessary authorities.

I agree to maintain confidentiality while volunteering/interning with Healing Waters.

_____ name

_____ date

_____ signature