



# DIVISION OF YOUTH SERVICES

COMMONWEALTH OF THE NORTHERN MARIANAS  
DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS



## WHAT DOES VOLUNTEERING MEAN?

- The principle of donating one's time and energy for the benefit of other people in the community as a social responsibility rather than for any financial reward.

## VOLUNTEER REQUIREMENTS (CHECKLIST)

- A scheduled volunteer program orientation is required after submitting all necessary program documents listed below. The DYS Family & Youth Enhancement Program staff will notify participant of date, time and venue of orientation.

- |  |   |   |
|--|---|---|
| 1. Complete Application  | [ | ] |
| 2. Confidentiality Agreement & Waiver of Liability Form                | [ | ] |
| <i>*Parental consent if program participant is under 18 years old)</i> | [ | ] |
| 3. Police Clearance (18 years and older)                               | [ | ] |
| 4. Copy of valid Identification Card                                   | [ | ] |
| 5. References (2)  | [ | ] |

## PROGRAM EXPECTATIONS

- Adhere to the Division's policies and procedures
- Be punctual and reliable
- Carry out duties assigned by immediate supervisor
- Give notice in the event volunteer schedule needs to be amended or volunteer needs to leave the program
- Report any violations, hazards or injuries to your immediate supervisor
- Use proper attire at all times
- Support other team members and seek assistance when needed
- DYS will remain zero tolerance for the following:
  - Intoxication through alcohol or other prohibited substances
  - Verbal or physical harassment of others in the workplace or volunteer placement
  - Theft or intentional damage of government or other's property
  - Falsification of any information

DCCA- DYS reserves the right to discharge any program participant for failure to meet program expectations or for other disciplinary issues/concerns.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature (If under 18yrs old)

\_\_\_\_\_  
Date

c/c: Volunteer File



# DIVISION OF YOUTH SERVICES

**COMMONWEALTH OF THE NORTHERN MARIANAS  
DEPARTMENT OF COMMUNITY & CULTURAL AFFAIRS  
FYEP- VOLUNTEER PROGRAM**

Chalan Piao Area, P.O. Box 501000 C.K., Saipan, MP 96950



## VOLUNTEER APPLICATION FORM

<b>Service for:</b> <input type="checkbox"/> Administrative Support <input type="checkbox"/> Children's Program <input type="checkbox"/> Community Outreach Events <input type="checkbox"/> Youth Program <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Community Service Hours		<b>Date:</b>
<b>NAME (First, Middle, Last):</b>		<b>CONTACT NO.:</b> Home: Work: Cell:
<b>DOB:</b>	<b>AGE GROUP:</b> <input type="checkbox"/> 14 – 17 yrs. <input type="checkbox"/> 18 – 49 yrs. <input type="checkbox"/> 50+ yrs.	<b>GENDER:</b> <input type="checkbox"/> M <input type="checkbox"/> F
<b>ETHNICITY:</b>		<b>CITIZENSHIP:</b> <input type="checkbox"/> CNMI <input type="checkbox"/> FSM <input type="checkbox"/> RMI <input type="checkbox"/> ROP <input type="checkbox"/> Other (Specify)
<b>EMAIL ADDRESS:</b>	<b>VILLAGE &amp; MAILING ADDRESS:</b>	<b>OCCUPATION:</b> (School name if Student)
<b>DAY &amp; TIME AVAILABLE TO VOLUNTEER:</b>  <div style="text-align: right;"> <input type="checkbox"/> A.M.  <input type="checkbox"/> P.M.         </div>		<b>EMERGENCY CONTACT:</b>  Name: Tel.:
<b>HOW DID YOU LEARN ABOUT THE DYS VOLUNTEER PROGRAM?</b> Media    Friends    Walk- In    Other		
<b>IDENTIFY WORK/VOLUNTEER EXPERIENCE:</b>		
<b>LIST HOBBIES, INTEREST &amp; SKILLS:</b>		
<b>LIST TWO (2) REFERENCES</b>		
(1.) Name:	Relationship:	Contact No.:
(2.) Name	Relationships:	Contact No.:
<b>Signature of Applicant</b>		<b>Date</b>
<b>Signature of Parent/Legal Guardian (Minor Only)</b>		<b>Date</b>

\*\*\*SEE CHECK LIST FOR REQUIRED DOCUMENTS\*\*\* DYS VOLUNTEER APPLICATION



# DIVISION OF YOUTH SERVICES



Commonwealth of the Northern Mariana Islands  
Department of Community & Cultural Affairs  
Family & Youth Enhancement Program

## WAIVER AND CONFIDENTIALITY FORM

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### WAIVER OF LIABILITY:

I, \_\_\_\_\_, assume all the foregoing risks and accept personal responsibility for any damages or injuries which may arise from my participation in the DCCA- DYS “*Volunteer Program*”. I discharge ALL claims, demands, cause of actions, suits or judgments against the Department of Community & Cultural Affairs Division of Youth Services Administrator’s, Directors, Agents, Coordinators, staff, trainees, volunteers and other agencies and organizations involved in the program.

### CONFIDENTIALITY AGREEMENT:

This agreement is entered between the Department of Community & Cultural Affairs Division of Youth Services, CNMI and \_\_\_\_\_, Volunteer participant.

I, \_\_\_\_\_ acknowledge that CNMI Public Laws 3- 57 and 4- 1 prohibits the release of confidential information or data and is punishable by not more than one (1) year in prison or by a fine of not more than \$1,000.00 or both. I understand the above public law and agree to keep client identity, shelter location, or other related client information confidential.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Parent must acknowledge and sign waiver of liability and confidential form if program participant is under the age of 18 years old.

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Cc: File