

53 SOUTH HACKENSACK AVENUE, KEARNY, NJ 07032

(908) 965-0455

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VOLUNTEER INTEREST FORM

Thank you for your interest in volunteering with First Friends. Without the generosity of our volunteers, it would not be possible to fulfill our mission. The information provided in this application is confidential and for internal use only. Please submit the signed volunteer interest form by mail or e-mail.

General Information:

First Name: _____ Last Name: _____

Mailing Address or PO Box: _____ City: _____

State: _____ Zip Code: _____ Phone Number: _____

Email Address: _____

Are you over the age of 18 years old? Yes or No

Foreign Languages Spoken:

Please list your spoke languages and your level of proficiency (novice, intermediate, advanced, or supervisor)

Language: _____ Level: _____

Language: _____ Level: _____

Language: _____ Level: _____

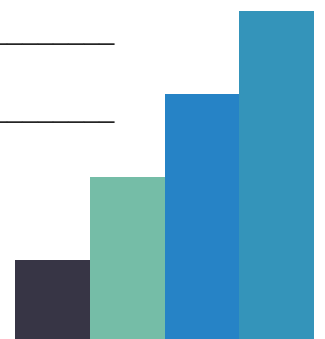
Skills:

I heard about First Friends at/from: _____

I attended First Friends' Volunteer Training: No or Yes Date Completed: _____

OPTIONAL: Tell us more about yourself (hobbies, achievements, profession, skills):

Signature: _____ Date: _____





VOLUNTEER INTEREST FORM

As a volunteer, I would like to:

VISIT A DETAINEE REGULARLY AT:

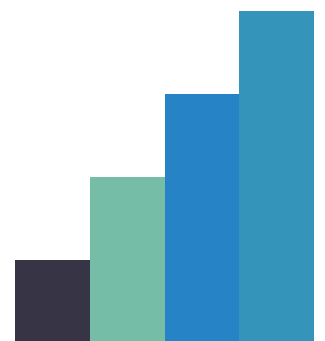
- Bergen County Jail (Hackensack, NJ)
- Essex County Jail (Newark, NJ)
- Elizabeth Detention Center (Elizabeth, NJ)
- Hudson County Correctional Center (Kearny, NJ)

OTHER VOLUNTEER OPPORTUNITIES:

- Become a pen-pal to a detainee
- Provide office assistance
- Financially support on-going programs
- Be added to First Friends' mailing list

ASSIST IN POST-RELEASE SUPPORT

- Volunteer to pick-up released detainees
- Provide overnight hospitality
- Provide mentoring to a released individual
- Host an asylee for at least 3-6 months as they try to get on their feet
- Provide accompaniment to appointments (ex: court hearing or social services)
- Donate used/working smartphones, international calling cards or gift cards (ex: Uber, Shoprite, Visa, etc.)
- Other: _____





VOLUNTEER INTEREST FORM

First Friends Volunteer Agreement

I wish to become a volunteer visitor with First Friends at detention facilities or jails and or be a Pen-pal to detainees. I agree to the following:

1. I will abide by the visiting requirements established by the Immigration and Customs Enforcement (ICE), Community Education Centers (CEC), Corrections Corp (CCA) and County Jail Officials and or Pen-pal guidelines provided by First Friends.
2. I will report any problems with county jail staff to First Friends.
3. Should the person I visit and or write to report a problem with, I will report that problem to the First Friends staff.
4. I will visit a detainee at least twice a month. If I am unable to visit, I will write to the detainee and let him/her know.
5. I will contact First Friends if the detainee I visit or write to is deported, transferred, or is no longer at the detention center.
6. I will contact First Friends immediately if my detainee is to be released and needs resettlement assistance.
7. I will stay within boundaries and will not provide any legal advice or contact his/her immigration attorney.
7. I will protect the confidential nature of any information about any particular detainee, both during service as a volunteer and after I leave First Friends.
8. If I wish to discontinue my volunteer service, I will notify First Friends Program Directors or call 908-965-0455. I understand that I am representing First Friends, as a result, First Friends may terminate my services as a volunteer at any time and for any reason.
9. I am not expected to provide financial support to detainees. If I feel a modest deposit to a detainee's account is appropriate, I will contact First Friends.

Signature: _____ **Date:** _____

Print Name: _____





VOLUNTEER INTEREST FORM

Volunteer Confidentiality Agreement

1. I acknowledge and confirm that as a volunteer with the First Friends Visitor's Project, I may acquire information on the organization, its clients, staff and volunteers, and about certain matters and things which are of a confidential nature and that such information is the exclusive property of the organization and will remain in the strictest confidence.
2. I affirm that the information referred to above could be used to the detriment of the organization and the volunteer activities and thereby undertake to treat as confidential all information, contracts or resources. I agree not to disclose the same to any third party either during the term I am volunteering for the organization or at any time thereafter unless required by law to do so.
3. I agree that any knowledge gained as a result of my involvement or position with the First Friends Visitor's Project will remain in strictly confidential.
4. I agree to exercise due care to ensure that any information I may give to others in the course of my duties as a volunteer or otherwise is information that is required to be given and is given to a party entitled to receive such information.
5. I agree I will not discuss the details of my volunteer work with any representatives of the media or publicize any of the confidential aspects of my work orally, by written work, online blogging, Facebook, email, or any other medium of communication.
6. I understand that my personal information, including name, address, phone number, etc., will not be divulged without my prior consent.

I confirm that I have read the above statements and agree with them and I will therefore adhere to all confidential requirements contained in this agreement or as may be otherwise directed to me in writing by the First Friends.

Signature: _____ **Date:** _____

Print Name: _____

