



Thank you for your interest in volunteering for AASK's Sibling Program. We are eager to discover the unique talents that you will bring to our program, and hope you find your experience with AASK gratifying.

Volunteers with the AASK Sibling Program, have an opportunity to help bring together brothers and sisters who would otherwise only rarely or never have an opportunity to see one another. Volunteers will transport and chaperone youth events that are geared to facilitate and build the sibling bond. In many cases this is the youth's only connection to birth family. These events will take place approximately every 5 weeks and you will be contacted ahead of time with your assigned youth to transport.

In order to ensure the safety and well-being of the youth we serve, we must require that as a potential volunteer you allow us to take the time to do a thorough background screening. The first step in your process to becoming a volunteer is to submit the pre intake packet. You can submit the packet through electronic submission to **SiblingConnections@aask-az.org**. Upon receipt of your pre intake packet we will contact you to schedule an intake interview. Once the requirements are met, you can begin your volunteering journey with AASK!

We look forward to meeting you!

Jessica Salisbury

Sibling Events Coordinator

2320 N. 20th Street

Phoenix, AZ 85006



SIBLING CONNECTION VOLUNTEERS

What it takes:

Qualifications

- 18 years of age or older
- Valid Arizona driver's license

Requirements

- DPS Level 1 Fingerprint Clearance Card
- DCS Central Registry Background Check
- DCS Criminal History Self Disclosure Affidavit
- 3 References

Responsibilities

- Provide safe and reliable transportation at least 4 times per year
- Set and maintain appropriate boundaries
- Provide positive role modeling of social and life skills
- Report incidents
- Maintain vehicle requirements

aask | *Relationships Matter:
Ensuring every child has
someone who cares*

AASK Sibling Volunteer Pre-Intake Packet

Applicant A:

Legal Name:			Languages Spoken:		
Age:	Date of Birth:	Gender:	Ethnicity:	Marital Status:	
Email Address:		Home Phone:		Cell Phone:	
Preferred phone number:		What is your preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Telephone			
Employer:		Occupation:			
Work Phone:		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact:		Phone:			

Applicant B:

Legal Name:			Languages Spoken:		
Age:	Date of Birth:	Gender:	Ethnicity:	Marital Status:	
Email Address:		Home Phone:		Cell Phone:	
Preferred phone number:		What is your preferred method of communication: <input type="checkbox"/> Email <input type="checkbox"/> Telephone			
Employer:		Occupation:			
Work Phone:		May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Emergency Contact:		Phone:			

Household Information:

Street Address:		Apt #	City	Zip Code
Mailing Address (If different):		Apt #	City	Zip Code
Please list additional household members:				
Name:		Relationship:		Age:
Name:		Relationship:		Age:
Name:		Relationship:		Age:
Name:		Relationship:		Age:

AASK Sibling Volunteer Pre-Intake Packet

Why do you want to be a volunteer to a youth in foster care?

Applicant A:

Applicant B:

Please discuss your current/previous volunteer experience.

Applicant A:

Applicant B:

Please discuss your experience working with youth. Please include experience with diversity.

Applicant A:

Applicant B:

How would you describe yourself as a person? Please discuss your hobbies, interests, and what qualities you would bring to a mentoring relationship.

Applicant A:

Applicant B:

How did you hear about the AASK Sibling Connection Volunteer Opportunity?

Applicant A:

Applicant B:

How do you feel about communicating regularly and openly with program staff to discuss progress, your monthly activities, and receiving feedback regarding any difficulties during your participation in the mentoring program?

Applicant A:

Applicant B:

Do you or anyone in your household have a criminal history? If yes, please explain.

Applicant A:

Applicant B:



AASK Sibling Volunteer Pre-Intake Packet

Can you commit to a minimum of four Volunteer Sibling program events per year?

Applicant A: Yes No

Applicant B: Yes No

Are you interested in also being a camp counselor for our annual summer camp in Northern Arizona?

Applicant A: Yes No

Applicant B: Yes No

Personal References

Please list the names and contact information of three people you would like to use as character references (only people you have known for at least a year). Include at least one relative. Any information AASK Mentoring Program gathers from these references will be held as confidential and not released to you, the applicant.

Applicant A:

1. Relative Name:		Relationship:	
Address:	City:	State:	Zip Code:
Email:		How long known:	
Telephone:			

2. Reference Name:		Relationship:	
Address:	City:	State:	Zip Code:
Email:		How long known:	
Telephone:			

3. Reference Name:		Relationship:	
Address:	City:	State:	Zip Code:
Email:		How long known:	
Telephone:			

Applicant B:

1. Relative Name:		Relationship:	
Address:	City:	State:	Zip Code:
Email:		How long known:	
Telephone:			

Personal References

2. Reference Name:		Relationship:	
Address:	City:	State:	Zip Code:
Email:			How long known:
Telephone:			

3. Reference Name:		Relationship:	
Address:	City:	State:	Zip Code:
Email:			How long known:
Telephone:			

Volunteer Agreement

<p>I understand that:</p> <ul style="list-style-type: none"> • The references listed will be contacted by phone, mail, or email, and be kept confidential. • This application does not obligate me to become a Volunteer. • AASK is not obligated to match me with a youth. • All requirements must be met and additional information may be requested prior to being matched with a youth. • AASK has the right to terminate the application process at any time and can discontinue my match at agency discretion. • I agree to notify AASK of any changes to my auto insurance, license to drive (if transporting youth), criminal status, address, marital status and addition of any household members. • Signature of this application authorizes AASK to conduct an assessment to determine whether I can become an effective and appropriate volunteer. • I affirm under oath and subject to penalties of perjury that the foregoing answers and statements are, to the best of my knowledge, true, correct, and complete.

Applicant A: Signature _____ Date: _____

Applicant B: Signature _____ Date: _____