



● General Information ●

Today's Date:

First Name Last Name Date of Birth

Address City State Zip

Home Phone Work Phone Cell Phone Email

Emergency Contact Person Phone

Employment Status (Please circle)

Employed Self Employed Retired/Not Employed Student
Name of Organization Name of Institution

●Community Engagement Programs●

(Please check all that interest you.)

- Adult ESL: We offer a variety of ESL programming to meet the community's range of needs. Our courses include: Basic Survival English, Beginning, Advanced Beginning, Intermediate, and Advanced. Students can choose to attend classes during mornings or evenings, and they can also choose to attend one or two days per week. We offer classes year-round, with new 16-week sessions beginning each Spring, Summer, and Fall. Classes are held on site at our Canal Alliance facility.
Community Technology Center: Canal Alliance offers various technology training opportunities for adults, youth, and small business owners. We also help bridge the digital divide by offering a computer donation program, classes at Pickleweed Park Community Center, and satellite computer stations throughout Marin County.
Compañeras: provides birth coaching training to volunteers so that they may assist monolingual Spanish-speaking women to access life-saving pre- and post-natal health care.
Events: we have date-specific events that engage the Canal community at large.
Multicultural Family Advocacy: The MFA program provides direct services year round in the areas of Basic Needs, Health, Economic Security, Self-Sufficiency, and Family Functioning. Our experienced staff reflects a wide range of cultures and languages, supporting between 6,000 to 8,000 English-, Spanish-, Vietnamese-, and French-speaking families each year. Our advocates provide emergency food and financial assistance; mediation and intervention; family-centered, strengths-based case management; domestic violence support groups for men and women; a job board and application support; and health education, access, and referral.
General Office: Staff always encourages assistance from the community for our everyday operations at the front desk, for developing our website, and additional clerical responsibilities.
Immigration Legal Services: Canal Alliance's Immigration Legal Services staff that provide legal assistance to individuals wishing to reunite with families, begin working, or become U.S. residents or citizens. Our bilingual attorneys assist over 150 individuals per month.
Youth Education and Development: Our Youth Education and Development Program (YEDP) serves more than 150 at-risk youth in the Canal community. Our holistic approach addresses students' academic, personal, and social needs. Our YEDP activities form a continuum to support youth from toddlerhood all the way through college graduation. We serve students in Elementary, Middle, and High school, as well as College.

Developing self-sufficiency and leadership for a healthier community

91 Larkspur Street • San Rafael, CA 94901

TEL 415.454.2640 FAX 415.454.3967

EMAIL contact@canalalliance.org www.canalalliance.org

• **Additional Information** •

- How were you referred to Canal Alliance?
- Would you be willing to drive clients or transport food on behalf of our organization?
- If yes, what day(s) and time(s) are you available?
  
- Why do you wish to volunteer for our organization?
  
- Are you volunteering to satisfy service requirements imposed by another institution?
- If yes, please provide coordinator's contact information, requirements for program, and deadline for service requirement:
  
- What languages do you speak? (Also, please rate your ability using the guidelines: Fluent, Conversational, Beginner.)
  
- What date are you available to start?
  
- What are your skills/hobbies/interests?
  
- Would you like information regarding additional ways that you can contribute to the success of our Mission?



• Confidentiality •

I, \_\_\_\_\_, understand that client records are protected under  
(Applicant's printed full name)

confidentiality regulations and cannot be disclosed without written consent of the client. I also understand that any information received subsequent to authorization for release will be maintained with reasonable care by Canal Alliance.

I understand that the names, addresses, and personal information I may learn while servicing Canal Alliance clients are confidential and are not to be discussed with anyone except a Canal Alliance immediate supervisor or other appropriate manager.

I further acknowledge, as a volunteer of Canal Alliance, I agree not to divulge any information pertaining to Canal Alliance's client population. I understand that if I am found compromising confidential information that I may be released in my volunteer role with the organization.

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Volunteer Signature **(if under 18, legal guardian must also sign)** –Date

• Photo Release •

I, \_\_\_\_\_, understand that Canal Alliance (CA) photographs volunteers  
(Applicant's printed full name)

participating in CA activities. CA uses these photographs in its promotional and educational materials (display boards, collateral, website, hard copy media articles, etc).

By signing below, I give unlimited permission to publish my personal image and captioned first name for commercial and/or educational purposes in furtherance of CA's mission.

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Volunteer Signature **(if under 18, legal guardian must also sign)** –Date

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**• Release of Liability •**

I, \_\_\_\_\_, hereby release, indemnify, and hold Canal Alliance,  
(Applicant's printed full name)

and their respective officers, directors, employees, agents, contractors, subcontractors, representatives, successors and assigns, and all persons conducting directly or indirectly, the activities surrounding my involvement as a volunteer from any and all claims, rights, demands, actions, causes of action, expenses and damages, which I or my heirs, personal representative, successors, assigns or anyone claiming by, through or under me ever had, now have, or may have against the parties identified above arising from any injury, act or omission relating in the way to my participation as a volunteer.

I understand that I am to receive no payment for services from Canal Alliance. I am not an employee. I will not be entitled to and will not receive Worker's Compensations benefits or other similar payments from the Canal Alliance under the law of the State of California in the event that I am injured.

I hereby waive all claims for compensation of such use or for damages.

I further acknowledge that I have read, fully understand and am voluntarily signing this release without any inducement from any member of the staff.

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Volunteer Signature **(if under 18, legal guardian must also sign)** –Date

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Insurance Provider and Policy Number

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General Practitioner

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