

RMIAN Volunteer Interpreter/Translator Agreement



Name _____

Thank you for your interest in volunteering as a volunteer interpreter and/or translator with the Rocky Mountain Immigrant Advocacy Network (RMIAN). As a volunteer interpreter and/or translator with RMIAN, you are an important member and representative of our organization to the community at large. For a better understanding of what you can expect as a volunteer and what is expected of you by our organization, we ask you to read and **sign** the following Volunteer Agreement.

Please write your initials next to each box to indicate your understanding and agreement:

RMIAN will provide you:

- An enriching experience as a volunteer interpreter and/or translator for RMIAN's non-English speaking clients (adults in immigration detention and vulnerable immigrant children and families).
- Orientation and training on RMIAN's programs and mission.
- Opportunities for social interaction with other volunteers.
- An opportunity to learn first-hand about immigration proceedings.

RMIAN asks that you:

- Provide oral interpretation during client-attorney meetings and interviews by telephone or in person **and/or** translate written documents.
- Are fluent in English and another language.
- Are over 18 years of age.
- Are committed to the ethics of interpretation and translation, including confidentiality, accuracy, impartiality, respect, cultural competency, and professionalism.
- Have proficient written communication skills.
- Are able to meet deadlines and work in a timely fashion.
- Are able to commit at least six-months to serving as a volunteer and will notify RMIAN and the volunteer attorney you are working with (if applicable) if you become unavailable.
- Have access to transportation.
- Pay \$20 for and pass an immigration and criminal history background check.
- Disclose if you are a mandatory reporter of child abuse and neglect or of intent to harm self or others
- Agree to ask questions and share feedback. Remember, we are here for you!

By my signature I declare that I have read, understand, and agree with all parts of the RMIAN Volunteer Interpreter/Translator Contract and will strive to fulfill all parts therein.

Volunteer Signature

Date

Rocky Mountain Immigrant Advocacy Network Confidentiality Policy

This confidentiality agreement extends to all Rocky Mountain Immigrant Advocacy Network (RMIAN) staff members, interns, and volunteers. RMIAN clients, staff members, interns and volunteers have the right to expect us to respect their confidentiality at all times.

- 1) **Confidentiality of client information.** For purposes of this confidentiality agreement, “client” means any person who seeks assistance from RMIAN. Although RMIAN staff members, interns, and volunteers do not establish an attorney-client relationship with most RMIAN clients, RMIAN respects the confidentiality of all who seek our assistance. To that end:
 - a. The names of clients or anything that could disclose their identity must not be mentioned in conversation with people outside RMIAN, including other clients of RMIAN.
 - b. Nothing learned from a client, including the fact of his or her contact with RMIAN, may be passed to anyone outside RMIAN without the permission of the client concerned. Assume client information is to be kept confidential unless otherwise directed by the Executive Director.
 - c. Any discussion of client matters in the presence of outside parties or in public areas where they may be easily overheard is prohibited.
 - d. All written confidential information must be properly filed in a secure location, or sufficiently destroyed to prevent its reconstruction.
- 2) **Obligations under Colorado law.** Where RMIAN staff members, volunteers, or interns have established an attorney-client relationship with an individual by agreeing to represent him/her in immigration proceedings, the Colorado Rules of Professional Responsibility apply and must be followed.
- 3) **Other confidential information.** Confidential information regarding finances, work, staff and volunteers disclosed at board or staff meetings must not be discussed with people outside RMIAN. If you are in doubt whether such information is confidential, assume that the information is to be kept confidential unless otherwise directed by the Executive Director.

Declaration

I, _____, confirm that I have read RMIAN’s Confidentiality Policy and I agree to respect this policy both during and after my time working, volunteering, or interning at RMIAN.

Signed: _____

Dated: _____

DISCLOSURE AND AUTHORIZATION FORM TO OBTAIN BACKGROUND CHECKS FOR VOLUNTEER PURPOSES

Please Read Carefully Before Signing the Authorization

DISCLOSURE

In considering you for this volunteer position, the Rocky Mountain Immigrant Advocacy Network (RMIAN) may request and rely upon one or more investigative reports (background checks) about you that we obtain from an independent reporting agency, IntelliCorp Records, Inc.

For explanation purposes:

- an “investigative report” is a report in which information on your criminal background history is obtained using personal information (including name, birthdate, social security number, and more) to carry out a background check in the municipalities, counties, and states in which you have resided. In the event an investigative report is requested about you, you are entitled to additional disclosures regarding the nature and scope of the investigation requested, as well as a written summary of your rights under the Fair Credit Reporting Act (“FCRA”).

Under the FCRA, before RMIAN can obtain an investigative report about you for employment purposes, we must have your written authorization. Before we take adverse action on the basis, in whole or in part, of information in that report, you will be provided a copy of that report, the name, address, and telephone number of the consumer reporting agency, and a summary of your rights under the FCRA.

AUTHORIZATION

I have read and understand the above Disclosure, and authorize RMIAN to obtain and rely upon an investigative reports in considering me for a volunteer position. By my signature below, I authorize RMIAN to obtain any such reports and to share the information received with any person involved in the employment/volunteer decision.

I also agree that this Disclosure and Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of RMIAN.

Applicant Signature

Date

Personal Data

Last Name

First Name

Middle Name

Current Address (including city, state, zip)

Date of Birth

Other Names Used (including maiden name)

Social Security Number

Email address (may be used for official correspondence)

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete. I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment/volunteerism and my discharge after employment/volunteerism.

Printed Name

Applicant Signature

Date