



UNITED INDIAN HEALTH SERVICES, INC.

Potawot Health Village

1600 Weeot Way * Arcata, CA 95521 * (707) 825-5000 * Fax (707) 825-5035

Volunteer Form

Community Outreach Resources & Education (CORE) Coalition

Thank you for volunteering your time with United Indian Health Services!

Please provide the following information:

Name: _____ Phone Number: _____

Address: _____

DOB: _____

ID Type: _____

Tribe/State of Id: _____

ID Number: _____

License Plate Number and Make/Model of Vehicle (if Applicable): _____

Emergency Contact: Name/Phone Number: _____

Emergency Contact Relationship to you: _____

How did you hear about us?

Why would you like to volunteer with us?

- Promote Wellness
- Inspire Generations
- Strengthen Unity
- Preserve Traditions
- Build Resilience
- Personal enrichment
- Make an Impact
- Honor Elders
- Support a Cause
- For class credit, please describe class _____
- For mandated community service, please describe _____
- Other: please describe _____

Please indicate type(s) of volunteer service you prefer to provide:

- Fundraising
- Cleaning
- Mentoring
- Community Outreach
- Cultural Perspectives
- Public Speaking
- Cooking
- Presentations
- Other _____

Identify any special skills or strengths you would like to offer in volunteer service:

Identify any special interests or hopes you hold regarding volunteer service:

Our CORE Purpose Statement

We will teach, encourage and support our communities, obtaining a sense of unity, while encouraging participation in ceremonies and our traditional ways.

We aspire to help build healthier communities by encouraging lifestyles that promote spiritual, physical, and mental health and wellness.

We honor our elders and promote thoughtful, kind collaboration with all generations.

Our CORE Values

We honor the dignity of every person.

We value working together with the individual, the family and the community.

We endeavor to make our coalition a place where everyone feels safe and welcome to share.

By sharing our strengths and resources, we bring wellness to ourselves, our community and our world.

We recognize that social, environmental, cultural, spiritual and economic wellness is vital for the overall health of our community and organization; we support and promote actions that bring these elements into balance.

Volunteer Agreement

Volunteer Safety: Please pace yourself as you volunteer for the community and take ten-minute breaks, as needed, being mindful to take good care of your own mental and physical needs. Please notify UIHS staff of any physical limitations you may have. If injured during a CORE event, please report all injuries to UIHS staff. If you are seriously hurt or if there is a medical emergency, call 911 immediately.

Security: Please keep your valuables in your locked car or other secure space. UIHS is not responsible for any lost, stolen or damage to personal items.

Volunteer Code of Conduct:

- Maintain respectful and professional relationships with appropriate behavior.
- Support the meaningful inclusion of all attendees.
- Engage in active listening and direct, respectful communication.
- Attend and practice punctuality for meetings and trainings.
- Practice mindfulness, kindness, self-care and care of others; assume good intent from all participants.
- Step up, volunteer, share your voice, and contribute.
- Be mindful of your audience when voicing opinions or comments.
- Utilize constructive redirection and timely follow-up when communication issues arise.
- Exercise discretion with confidentiality (do not share sensitive information from community work; refer to UIHS Confidentiality Policy).

- Be a community representative of UIHS (others view you as a role model for healthy lifestyles) and attend all events free of substances and alcohol.

More Information: If you have concerns, questions or further things to discuss, contact the UIHS, Tribal Public Health (TPH) Division, Health Promotion & Education (HPE) Manager: 707-825-5070.

Current HPE Manager: _____ Office Telephone: _____

By signing below, I acknowledge that I have received a copy of this CORE Coalition Volunteer Form and agree to follow these while volunteering with the UIHS.

CORE Member Signature

Date

UIHS Team Member Signature

Date

Our CORE coalition of community members works with our UIHS youth coalition.

Under penalty of perjury under the laws of the State of California, the undersigned individual attests that he or she is **not** a convicted sex offender in the State of California nor any other U.S. state, and agrees that should that status change during the time he or she is serving with the UIHS CORE coalition, that he or she will immediately inform the UIHS Health Promotion & Education (HPE) Manager at 707-825-5070.

CORE Member Signature

Date