

SHELTER, INC. VOLUNTEER APPLICATION



Name _____ Today's Date _____

Address _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Email address: _____ (print clearly)

School: _____ Grade Level: _____

If presently employed, name of company: _____

How did you hear about SHELTER, Inc.? _____

What are your expectations of volunteering and/or what do you hope to accomplish?

Describe any previous volunteer experience(s) you have done, if any. _____

What volunteer activities are you interested in? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Office Assistance | <input type="checkbox"/> Children's Activities |
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Organizing Donations |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Other _____ |

Please indicate any interests, hobbies, or language skills you would like to use in your volunteer work: _____

When are you available to volunteer?

- | | | |
|------------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday | <input type="checkbox"/> AM |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday | <input type="checkbox"/> PM |
| <input type="checkbox"/> Wednesday | | <input type="checkbox"/> Flexible |

How many hours are you available per week? _____

Please describe any of your experiences with homeless people. _____

Have you received services from SHELTER Inc? ____ If yes, please list dates and services received.

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? Yes ____ No ____ If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization.)

If volunteer/ community service hours are to be completed, please answer the following: How many hours are needed: ____ Date hours to be completed: _____
School/ Program: _____

Please list two references:

Name _____ Relationship: _____
Address: _____ City & Zip: _____
Phone No. (hm/ cell/ wk): _____

Name _____ Relationship: _____
Address: _____ City & Zip: _____
Phone No. (hm/ cell/ wk): _____

In case of emergency, who should SHELTER, Inc. contact?

Name _____ Relationship _____
Home Phone _____ Work phone _____

RELEASE OF LIABILITY: In consideration of the opportunity afforded me to volunteer with SHELTER, Inc. of Contra Costa County, I hereby agree that I, my successors, assignees, heirs, guardians and legal representatives (collectively, the “releasing parties”), will not make any claim against SHELTER, Inc. of Contra Costa County or any of its affiliated organizations, or its officers, directors or employees, or any other volunteers (collectively, the “released parties”), and that the releasing parties hereby release and forever discharge the released parties from any and all liability, claims, damages, debts, and demands of whatever kind and nature, whatsoever, in law or in equity, including but not limited to injury, death, loss of use or damage arising out of or resulting from the acts or omissions of any person or entity, however caused, arising from any participation in volunteering, including but not limited to the negligence of any of the released parties (hereinafter, the “claims”).

Without limiting the generality of the foregoing, I hereby waive and release any rights, actions or causes of actions arising out of my participation with SHELTER, Inc. of Contra Costa County, including without limitation, those arising out of personal injury to me or my death, or loss of use or damage to my property, and hereby fully release and forever discharge and hold harmless each of the released parties from the claims.

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to SHELTER, Inc. to conduct reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information

Signature

Date

SHELTER, Inc. acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

Please send completed forms to: SHELTER, Inc.
Resource Coordinator
1815 Arnold Drive
Martinez, CA 94553
(925) 957-7561 Fax # (925)335-9815

CONFIDENTIALITY AGREEMENT

I _____ as a volunteer with SHELTER, Inc. do hereby agree to maintain complete confidentiality in regards to the right of privacy of and individual seeking services from SHELTER, Inc.

I understand the importance of communicating information with others as needed to support smooth and efficient operation of SHELTER, Inc. and its programs and to guarantee the safety and welfare of all SHELTER, Inc. program participants, residents, staff, and other volunteers.

I will not discuss any actions/incidents or use anyone's name(s) with anyone outside the agency without first discussion and obtaining approval from the Resource Coordinator.

I have read and do understand the above statement regarding confidentiality. I understand that violation of this agreement may result in disciplinary action and/or dismissal as a volunteer with the agency.

Volunteer Signature _____ **Date** _____

AUTHORIZATION

I hereby give permission to SHELTER, Inc. to use my (please indicate)

- Artwork photographs quotes film story
 other _____
 Including my real name or without using my real name

to promote SHELTER, Inc. and the need for housing and services for people facing homelessness. I understand that the materials may be used by SHELTER, Inc. and in printed materials, on the Internet, television or in other ways.

If I decide to withdraw my permission to use the materials in the future, I agree to do so in writing. I understand that withdrawal of permission will only apply to the use of the photos after my permission is withdrawn. SHELTER, Inc. can continue to use brochures, reports or other written materials prepared before my withdrawal of permission.

Volunteer Signature _____ **Date** _____

Guardian Signature _____

Staff Signature _____

Getting to Know You

Name: _____

Date: _____

When is your birthday?

What do you like to do on a day off?

What is your favorite form of entertainment?

What is your favorite soft drink?

Do you prefer coffee or tea?

What is your favorite restaurant?

What is your favorite snack food?

What is your favorite type of food?

What are your hobbies?

What would be an indulgence for you? (under \$25.00)(under \$10.00)

What service would make your day? (under \$25.00) e.g. Car wash, cab ride, manicure.

What is your favorite flower?

What colors do you like?

What is our favorite accessory?

What is your favorite store?

If you collect anything, what do you collect?

Who is your favorite author?

Who is your favorite musician?

What is your favorite periodical or newspaper?

What is your favorite type of cake?

Do you prefer to be recognized: privately, semi-privately, publicly, or no preference? (circle one)

Thank you for sharing!