

VOLUNTEER APPLICATION

Communities grow stronger when residents regularly do a variety of simple things that provide the chance to connect with others, build trust and get involved in doing things together. The connections built when helping others with everyday tasks makes bigger projects possible and builds individual and community spirit and resilience. A few hours of your time will make a huge difference to a neighbor, your community, and yourself.

First Name: _____ Last Name: _____

Address: _____ City, State, Zip: _____

Cell Phone: _____ Work Phone: _____

Email Address: _____

How do you prefer to be contacted? _____

If you choose to self-declare, please check those applicable:

Low Income Senior Citizen Military Status Disability Status

Gender:

Male Female Transgender Other

Preferred Pronouns: _____

Any limitations, such as physical limitations or driving limitations? Be specific, if none, write none

VOLUNTEER EXPERIENCE

What volunteer experience do you wish to share with SHF?

What are your interests, skills, hobbies?

AVAILABILITY: What is your availability for volunteering?

Hours Per Week: _____ Hours Per Month: _____

Preferred Days: _____ Preferred Hours: _____

EMPLOYMENT: Do you need verification of your volunteer hours?

YES NO

If yes, verify to whom? Contact Information:

Name: _____

Address: _____

City, State, Zip: _____

Phone or Email: _____

Volunteers will be asked to complete an Emergency Contact Sheet later.

Are you 15 or younger?

Volunteers 15 years of age and younger are welcome to volunteer if accompanied by an adult.

Statement of Confidentiality

I agree to respect and maintain the confidentiality of any person including staff, other volunteers, visitors, and program participants I may encounter while on SHF premises or at an off-site project.

Audio/Visual Release

I hereby give SHF permission to take pictures of me during my volunteer service for the purpose of promoting the Agency's Mission and services. I authorize SHF to utilize the finished images that pertain to me and those identified (minor children) on a continuous basis for the use of promoting the Agency and its Mission in printed and/or electronic media.

Criminal History

Some volunteer positions may require a criminal background check. If you are selected for one of those assignments, we will have you work with Agency Support to initiate the background study. Where background studies are required for volunteering, no assignment will be assigned until receipt of the completed background study has been viewed as acceptable by SHF for the assignment.

Conflict of Interest Disclosure

It is the policy of SHF to require Agency employees, volunteers, board members, and others having a relationship to the Agency, to fully disclose any potential conflicts of interest. While a disclosed conflict of interest may not affect the ability to provide volunteer services, failure to disclose a conflict of interest will result in the termination of the volunteer agreement. Describing all the circumstances which may develop, or qualify as a conflict of interest is impossible, however, the following are set forth as examples of conflicts of interest:

- Volunteers are prohibited from engaging in outside activities that are or give the appearance of being motivated by a desire of private gain for themselves or others, while causing harm to or competing with the Agency.
- If a volunteer or volunteer's immediate family is engaged in a business similar in nature to the Agency, it must be fully disclosed.
- No volunteer may directly or indirectly borrow from, lend to, invest in, or engage in any financial transaction with a potential customer or participant.
- No outside work may be done using Agency facilities, equipment, or supplies. Any outside work performed by a volunteer must not be represented as the work of the Agency.
- Volunteers and their immediate families are prohibited from accepting gifts, money, and/or gratuities from any persons receiving benefits or services under any Agency programming.

Liability Waiver

I am aware of the risks of participation. I understand that participation in this activity is strictly voluntary, and I freely chose to participate. I understand that SHF does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur should the need arise as a result of my participation. I understand that I am acting as a volunteer, and further, I understand that I am not entitled to workers compensation in the event of injury or death. I, and my heirs, in consideration of my participation in SHF volunteer opportunities hereby release SHF, its officers, employees and Agency, and any other people connected with the Agency and/or event, from any and all liability which might occur while participating in this Agency event. I agree to:

- Attend orientation and training sessions as needed
- Maintain the confidentiality of any person encountered while volunteering including staff, other volunteers, visitors, and program participants
- Work as a member of a team and always be considerate of staff, other volunteers, and participants
- Seek assistance and guidance from staff members and experienced volunteers when I have questions or concerns
- Decline a work assignment I am not trained for and/or comfortable doing
- Fully disclose any potential conflict of interest to my Supervisor, Division Director, or Human Resource Director
- Maintain an open mind in regard to other's standards and values
- Work with a culturally diverse population in a non-discriminatory, respectful manner
- Accept the right of SHF to dismiss a volunteer because of negative performance or violating any policies
- Follow the guidelines and procedures specific to the project for which I have volunteered
- Notify my supervisor as soon as possible if I am unable to work when scheduled
- Not accept payment or gift in any form from a program participant. I will adhere to the Agency's Code of Conduct and Professional Ethics
- Not bring another person with me to volunteer if they have not completed the application process
- Keep track of and report my time volunteering in a timely manner as requested

Driving Information: (If you are not driving as part of your volunteering task, DO NOT complete) If you are volunteering for a position that requires driving, SHF requires a valid driver's license and proof of automobile insurance.

Are you able to use your automobile if the volunteer position requires?

YES NO

As a volunteer, I agree to provide a valid driver's license number and proof of automobile insurance meeting California minimum requirements. I agree to provide copies of these documents to SHF, so that they can be filed with this application. I will immediately notify my volunteer supervisor if my driver's license is restricted, suspended, revoked, or expired, or if my vehicle insurance lapses.

Insurance Carrier

Period of Insurance Coverage: _____ Policy#: _____

Driver's License #: _____

State Issued: _____ Expiration Date: _____

Certification of Application:

- I understand what my volunteer duties are and who to ask if I have questions
- I certify that all information submitted by me on this application is true and complete
- I agree to follow and abide by all sections of this application
- I understand that my volunteer status may be terminated if I do not abide by all sections of this application

Applicants Signature

Date

Once your application has been received, it will be reviewed, and you will be contacted within 7 – 10 working days to discuss volunteer opportunities and assignments. Please check box(s) to indicate your interests:

Gift Deliveries

Gift Wrapping

Fundraising

Event Planning

Gift Shopper

Administrative

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

VOLUNTEER APPLICATION – References

1. Name: _____

Phone: _____

Relationship: _____

2. Name: _____

Phone: _____

Relationship: _____

3. Name: _____

Phone: _____

Relationship: _____