

# VOLUNTEER APPLICATION

H.Y.S. -

## PERSONAL (please give your FULL, LEGAL name)

Last Name			First Name			Middle Initial			Primary Phone: ( )			lan-line__ cell__ work__								
I prefer to be called:									Alternate Phone: ( )			lan-line__ cell__ work__								
Street Address:						Email Address:						Best time to reach you:								
City, State, Zip:																				
Birthdate: (mm/dd/yyyy):																				
Circle work interested in:			Dishwashing			Cooking			Clerical			Trip Coordinator								
			Food Serving			Janitorial			Clothe Sorting			Music Playing								
Circle Day(s) and Shift(s) available:			M			W			F			4-5pm			5-7pm			7-8pm		
Are you 21 years or older?: Yes _____ No _____												I prefer ___primary phone ___alt. phone ___e-mail contact.								
Birth date: _____																				
Emergency Contact Name:						Relationship:						Phone number:								
(Please list someone OUTSIDE your home – in the event of an emergency, we would automatically contact your home first, then this backup contact.)																				
Have you been convicted of, or plead guilty to, any criminal offense (other than a juvenile offense now expunged from your record) or released from prison in the past ten years?																				
Yes_____ No_____ If Yes, describe in full:																				
Name of home Church:						Location:						How did you hear about us? Brochure Friend Church Other_____								

## STUDENT VOLUNTEERS

Are you looking to fulfill a school requirement or will you receive school credit for your service? Yes _____ No _____	
IF YES, name of school:	Is this a Service-Learning experience? Yes _____ No _____
Number of Hours needed:	Deadline to Complete Hours:

## COMMUNITY SERVICE VOLUNTEERS

Are you looking to complete Court Ordered Community Service Hours? Yes _____ No _____		
IF YES, offense:	Number of hours needed:	Deadline to complete hours:
Parole/Probation Officer's name:	Phone:	

## RELATED BACKGROUND

Current/most recent employer:	Location:
Position:	How long:
Current/most recently attended school:	Location:
Current year in school/highest level completed:	Date completed (or graduation date):
Other relevant background, training or volunteer experiences:	
Certifications held (include date of expiration):	

## REFERENCES

*For the safety of our participants, staff and volunteers, we complete at least 2 reference checks on every program volunteer. References may include supervisors, co-workers, faith leaders, teachers or school counselors. Please do not list relatives/household members.*

<b>1</b>	Name:	Phone number:
	Relationship to you:	Email:
	Years known:	
<b>2</b>	Name:	Phone number:
	Relationship to you:	Email:
	Years known:	
<b>3</b>	Name:	Phone Number:
	Relationship to you:	Email:
	Years known:	

**Conditions of Volunteer Participation and Release from Liability**

**Background Certification:** I certify that all of the information provided on this application is true and complete. I authorize Hosea Youth Services (HYS) to investigate and verify any and all information I have submitted. Because HYS strives to provide a safe environment for young adults, I understand that HYS may order a criminal history check, and I authorize this investigation. \_\_\_ initials

**Volunteer Terms:** I agree to abide by HYS' policies, procedures, and Code of Conduct. I understand that HYS does not provide any health benefits (e.g. medical, dental, workers compensation, etc.) or any accident insurance for me as a volunteer; I understand that it is my responsibility to provide this coverage. I understand that HYS does not provide volunteer compensation. \_\_\_ initials

**Property Loss:** I understand that HYS is not responsible for my personal property lost, damaged or stolen while participating in HYS volunteer activities. \_\_\_ initials

**Medical Treatment:** I give permission for HYS representatives to provide or arrange emergency care for me and to arrange for transport to an emergency center for treatment. I consent to medical treatment deemed immediately necessary or advisable by a physician if I am unable to act on my own behalf. I further understand that HYS is not responsible for payment of such medical treatment. \_\_\_ initials

**Photograph Permission:** I give HYS permission to use, without limitation or obligation, photographs or other media that may include my image or voice to promote or interpret HYS programs. \_\_\_ initials

**Release from Liability:** I understand that accidents may occur during my volunteer activities. By signing below, I release HYS, its agents, directors, consultants, and employees from all liability based on any damage, loss or injury, whether it is the result of ordinary negligence or otherwise, caused to me or my dependent from participation as a volunteer. \_\_\_ initials

\_\_\_\_\_  
Volunteer Applicant Signature

\_\_\_/\_\_\_/\_\_\_  
Date

We ask all volunteers to share our commitment to providing safe services to youth and young adults within specific boundaries and through positive interactions between volunteers and program participants. Therefore, all volunteers are required to adhere to the following agreement:

- 1) I will respect and maintain the confidentiality of participants in HYS' Hosea House Shelter Project. \_\_\_ initials
- 2) My attitude and conduct while volunteering will reflect the volunteer code of conduct and the program's philosophy of engagement (see over). \_\_\_ initials
- 3) I will refrain from imposing moral, religious, and political beliefs on program participants. \_\_\_ initials
- 4) I will refrain from using homophobic, racist, sexist, and otherwise derogatory language. \_\_\_ initials
- 5) I will respect the rights, including personal space and property, of program participants. \_\_\_ initials
- 6) I will refrain from the use of alcohol and other drugs in the presence of program participants and I will not volunteer while I am under the influence of alcohol or drugs. \_\_\_ initials
- 7) I will respect the differences of opinion which may arise between myself and other volunteers. If I disagree with the way a situation is handled, I will not interfere, but will discuss my concerns with the volunteer or Hosea House Director when it is over. \_\_\_ initials
- 8) I will respect and carry out the rules of the Hosea House. If I disagree with a rule, I will discuss it with the Hosea House Director, but carry it out unless it is changed. \_\_\_ initials
- 9) I will establish a schedule for my volunteer time and will let the Hosea House Director know in a timely manner if I am unable to maintain that schedule. \_\_\_ initials
- 10) I will not invite or allow a program participant to come to my home, leave the shelter or meet at a predetermined time/place with a program participant, or drive a participant in my personal vehicle. \_\_\_ initials

I have read the above and agree to adhere to these volunteer conditions. I have also read the **volunteer orientation packet** and agree to carry out the duties listed.

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
PRINT NAME                      SIGNATURE                      DATE

\_\_\_\_\_/\_\_\_\_/\_\_\_\_  
HYS / NMRN STAFF                      DATE

## **CONFIDENTIALITY POLICY**

The NMRN Shelter Program provides confidential services. Generally, program staff (paid and volunteer) may not say to a person outside the program that a participant attends the program, disclose any information identifying a participant's location, issues, needs, or any other personal information UNLESS:

1. The participant consents in writing
2. The disclosure is allowed by a subpoena or court order
3. The disclosure is made to medical personnel in a medical emergency
4. If a person commits a crime at the shelter or against shelter property or personnel, the crime may be reported.
5. If a participant states or implies that s/he will hurt self or others, HYS will report this to the appropriate authorities.
6. If a minor discloses any information about or shows signs of child abuse or neglect by an adult, that information will be reported to the appropriate authorities. If a program participant over age 18 discloses information regarding the abuse or neglect of a minor (i.e. a younger sibling) who is still at risk, that information will also be reported.
7. Registry of program participants suspected to be sex offenders will be checked and, if confirmed, those individuals will not be able to access the NMRN Shelter Project.
8. Shelter staff and volunteers share participant information amongst each other for the purposes of service consistency and safety maintenance.

Violation of the State laws and regulations by a program is a crime. Suspected violations may be reported to the appropriate authorities in accordance with State regulations. If a situation arises wherein a participant's confidentiality must be broken, the decision and disclosure will only be made by the NMRN Director. \_\_\_ initials

## **CODE OF CONDUCT**

Volunteers are expected to help those served by modeling responsible adult behavior and emotional maturity, both within the service site and the community at large. For this reason, volunteers are not allowed to engage in the following activities with those served by local homeless youth and young adult programs\*:

1. Any physically intimate or sexual activity
2. Domestic partnership (i.e. roommates or sharing rent)
3. The provision of transportation in a personal vehicle\*\*\*
4. Financial dealings or bartering for goods or services
5. Sharing personal contact information, including home address and home or cell phone numbers\*\*\*
6. Any activity deemed criminal by federal, state, or municipal law
7. Consumption or purchase of alcohol or other drugs with participants, regardless of age
8. Disclosure of confidential information of another program participants

\*For the purposes of this policy, "those served" and "program participants" refer to any individual who is currently, or has in the past six months, accessing services with HYS. \_\_\_ initials

**PHILOSOPHY OF ENGAGEMENT**

At the core of our philosophy of service to the youth and young adults we serve is the delicate tension between the young person as they exist in the current moment and the fullest potential they embody. We ask volunteers to be capable of concurrently accepting the youth and young adults "as is" while fostering growth and remembering that young people need the following:

- 1. To be respected and accepted as fellow humans, not just clients.
- 2. To know that their thoughts, aspirations, and feelings have value.
- 3. To connect with a community larger than their immediate street kin.
- 4. To be acknowledged as independent and in charge of their future and the consequences of their actions

\_\_ initials

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2/9/2009  
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**Volunteer Contact Sheet and Availability Information**

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Best way to contact you: phone email

Please check all shifts you're available for:

**SUNDAY**

- \_\_\_ Overnight (preferably 9pm-8:00am)
- \_\_\_ 7-10pm
- \_\_\_ 6-8:30am

**THURSDAY**

- \_\_\_ Overnight (preferably 9pm-8:00am)
- \_\_\_ 7-10pm
- \_\_\_ 6-8:30am

**MONDAY**

- \_\_\_ Overnight (preferably 9pm-8:00am)
- \_\_\_ 7-10pm
- \_\_\_ 6-8:30am

**FRIDAY**

- \_\_\_ Overnight (preferably 9pm-8:00am)
- \_\_\_ 7-10pm
- \_\_\_ 6-8:30am

**TUESDAY**

- \_\_\_ Overnight (preferably 9pm-8:00am)
- \_\_\_ 7-10pm
- \_\_\_ 6-8:30am

**SATURDAY**

- \_\_\_ Overnight (preferably 9pm-8:00am)
- \_\_\_ 7-10pm
- \_\_\_ 6-8:30am

**WEDNESDAY**

\_\_\_ Overnight (preferably 9pm-8:00am)

\_\_\_ 7-10pm

\_\_\_ 6-8:30am

**Number of shifts per month:** \_\_\_\_\_

For Mentoring:

Availability:

Career:

Hobbies:

Education:

For HYS Outreach Center:

Monday

Wednesday

Friday

Sunday

\_\_\_ 4-6

\_\_\_ 4-6

\_\_\_ 4-6

\_\_\_ 12:30-4

\_\_\_ 5-7

\_\_\_ 5-7

\_\_\_ 5-7

\_\_\_ 1-5

\_\_\_ 6-8

\_\_\_ 6-8

\_\_\_ 6-8

\_\_\_ 4-7

Other Areas of Interest: