



Volunteer Application

Name:						
Birthday:						
Address:						
City, State, Zip:						
Phone:						
Email:						
Work History						
Volunteer History						
Hobbies, Skills, Limitations						
What is your availability? <i>Please specify if you would like to volunteer once a week, once a month, or other</i>	Monday	Tuesday	Wednesday	Thursday	Friday	OTHER
	AM	AM	AM	AM	AM	
	PM	PM	PM	PM	PM	
Which of the following departments are you interested in volunteering with?	-Life Skills Training Program		-Transporting Residents to appointments			
	-Taking residents on outings		-Supervising residents in physical exercise/hangout			
	-Secretarial work		-Yard work/maintenance		-Other	
Do you consent to us conducting a background check?	YES		NO			
Are you eligible to transport residents in our provided vehicles?	YES		NO			

Volunteer Policy/Procedure

Policy: A signed written agreement shall be made between any institution/volunteer organization and 305 8th Street prior to students/volunteers having contact with individuals being served. Any person serving as a volunteer shall sign a written agreement and be subject to the terms of this policy. The agreement shall specify the responsibilities of 305 8th Street and the institution; volunteer organization and/or individual volunteer in detail. This agreement must be renewed at least annually.

Procedure:

Individual Volunteers

Step 1. All volunteer applicants must complete an application form and sign a written agreement with 305 8th Street.

Step 2. The Executive Director and/or the Program Coordinator shall schedule an orientation, tour, and give the volunteer a job description.

Step 3. The orientation shall include, but not be limited to, policies pertaining to abuse/neglect/mistreatment, confidentiality, individual rights, normalization, drug-free workplace, 305 8th Street vehicle procedure and maintenance, contagious/notifiable diseases, and blood borne pathogens.

Step 4. After the orientation is complete, the volunteer shall be placed in an area to work.

Large Groups

Step 1. All volunteers associated with a large group will sign a confidentiality waiver.

Step 2. The Executive Director and/or the Program Coordinator will give the orientation, tour, and provide the group with project descriptions.

Step 3. The orientation shall include, but not be limited to, policies pertaining to abuse/neglect/mistreatment, confidentiality, individual rights, normalization, drug-free workplace, contagious/notifiable diseases, and blood borne pathogens.

Step 4. After the orientation is complete, the volunteer group shall be placed in an area to work.



Volunteer Agreement

Policy: A signed written agreement shall be made between any institution/volunteer organization and the 305 8th Street Community prior to students/volunteers having contact with individuals being served. Any person serving as a volunteer shall sign a written agreement and be subject to the terms of this policy. The agreement shall specify the responsibilities of 305 8th Street and the institution; volunteer organization and/or individual volunteer in detail. This agreement must be renewed at least annually.

Procedure:

Step 1. All volunteer applicants must complete an application form and sign a written agreement with 8th Street.

Step 2. The Executive Director and/or Program Coordinator shall schedule an orientation, tour, and give the volunteer a job description.

Step 3. The orientation shall include, but not be limited to, policies pertaining to abuse/neglect/mistreatment, confidentiality, individual rights, normalization, drug-free workplace, contagious/notifiable diseases, and bloodborne pathogens.

Step 4. After the orientation is complete, the volunteer shall be placed in an area to work.

I. ADMINISTRATIVE

H. Volunteers/Students-Page Two

Step 1. Staff shall be given notice of the orientation and tour. A schedule of students assigned to the various rooms to observe shall be provided to all Qualified Mental Retardation Professionals (QMRPs) and Instructors and a copy of the schedule shall be posted in the office area. When the students are assigned to an area, the QMRP and Instructor shall supervise their duties.

Step 2. At the orientation students shall be given a copy of the 305 8th Street policy covering individuals' rights, abuse/neglect/mistreatment. Confidentiality, normalization, drug-free workplace policy, contagious/notifiable diseases, and bloodborne pathogens. Further, the students shall sign a statement acknowledging receipt of this information and shall abide by 305 8th Street policies.

Name _____

Address _____

City _____ State _____ Zip _____

Phone (work) _____ (home) _____

Driver Lic. No. _____

State Issuing _____ Expiration Date _____

Social Security No. _____ Date of Birth _____

This information can be released only to the Executive Director and the Assistant Director.

1) Do you use illegal drugs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2) Have you ever been convicted of a Felony offense?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3) Have you ever been charged with Neglect, abuse or assault?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

PLEASE READ BEFORE SIGNING

I understand that:

- The information that I have provided may be verified.
- I give permission to 305 8th Street to make inquiry concerning my suitability to act as a Volunteer.
- I may be dealing with confidential information, and I agree to keep said information in the strictest confidence.
- The relationship between 305 8th Street and the volunteer is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or 305 8th Street.

In signing this authorization, I understand that the release will be used only for the purpose of obtaining information related to my application for Volunteer. I have been given and orientation and have read policies concerning abuse/neglect/mistreatment, confidentiality, individual rights, normalization, drug free workplace, contagious/notifiable diseases, and bloodborne pathogens. I shall work under the direction of a staff member.

I knowingly and voluntarily permit 305 8th Street Community to conduct a background check to validate the information provided above.

Signed _____ Date _____

Witness _____ Date _____

