



## Springfield Overflow Shelter 2005/2006

### Volunteer Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZipCode: \_\_\_\_\_

Phone: \_\_\_\_\_ 2<sup>nd</sup> Phone \_\_\_\_\_ Are you 18 years or older? Yes  No

### Education

Highest grade Completed: \_\_\_\_\_ Degree/Certifications: \_\_\_\_\_

### Employment

Place of Employment \_\_\_\_\_ Position: \_\_\_\_\_ Phone: \_\_\_\_\_

### Volunteer Information

Previous Volunteer Experience (*Kind of Service, Organization*) \_\_\_\_\_

Interests / Hobbies / Skills: \_\_\_\_\_

Language other than English in which you are fluent: \_\_\_\_\_

Preference of volunteer hours (*indicate days and times you are available to volunteer*): \_\_\_\_\_

Please state any physical limitations or restriction that will affect the assignment of job duties: \_\_\_\_\_

In care of emergency, please contact:

Name: \_\_\_\_\_ Ph: \_\_\_\_\_ Name \_\_\_\_\_ Ph: \_\_\_\_\_

### Confidentiality Statement

I understand and agree that any information pertaining to any S.O.S. residents, clients or staff cannot be discussed with others outside of the agency.

I acknowledge the agency policy regarding confidentiality. I understand that situations, problems, conversations with or about shelter residents are all confidential and not to be discussed with anyone not related to assisting the client. I also understand that I must first have written consent from the client before sharing information with outside agencies.

I further understand that at no time should I give a resident my home address, telephone number or take any resident to my home for any reason. I also agree not to give cash or other tokens or gifts to a resident without permission from a supervisor in advance. I will not accept cash or other gifts from residents for doing my job or for any other reason.

My signature acknowledges my understanding of the seriousness of any breach of confidentiality. I also understand that a breach of confidentiality may be cause to terminate me as an employee, volunteer or resident of Contact Ministries.

Signature \_\_\_\_\_ Date \_\_\_\_\_