



## Volunteer Application Form

All fields are required to be filled out accurately prior to becoming a Promise Place volunteer.

Incomplete applications will not be processed.

**Please Print Name, Address and Telephone Numbers:**

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

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

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

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

Apt or Suite Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Name of person to contact in case of an emergency:**

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

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

Relationship: \_\_\_\_\_

Telephone Numbers to call: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

**Information about your health:**

Physician's Name: \_\_\_\_\_

(Please print)

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Please list the medications that you are currently taking: \_\_\_\_\_

Is there any health reason that might limit your ability to volunteer? \_\_\_\_\_ Yes

\_\_\_\_\_ No

If yes, please describe:

\_\_\_\_\_  
\_\_\_\_\_

**How did you hear about volunteering at Promise Place?**

\_\_\_\_\_

**Information about your volunteer interests:**

Please describe in detail why are you interested in volunteering here at Promise Place?

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- \_\_\_\_\_ Special events/Fundraisers  
Time commitment is as short/long as you wish
  
- \_\_\_\_\_ Shelter Needs  
May include food shopping, organizing and maintaining the food pantry, maintenance (mowing lawn, painting rooms. Etc), decorating or organizing various rooms, interacting with shelter residents (only if comfortable).  
Time commitment is as short/long as you wish
  
- \_\_\_\_\_ Youth Education  
Time commitment: Two 2-hour training sessions. Teach 2 class periods twice a year
  
- \_\_\_\_\_ Childcare (for support groups and parenting classes)  
Time commitment: 1 ½ to 2 hours
  
- \_\_\_\_\_ Thrift Shop  
Taking donations, sorting and selling clothing  
Time commitment: Flexible
  
- \_\_\_\_\_ Publicity  
Promotional/press releases. Distribute brochures  
Time commitment: flexible
  
- \_\_\_\_\_ Newsletter  
Write Articles, help organize and/or distribute bi-annual newsletter  
Time commitment: flexible
  
- \_\_\_\_\_ Cell Phones  
Collect used cell phones from businesses and deliver to Promise Place for shipment  
Time commitment: flexible
  
- \_\_\_\_\_ Computer  
Can help with basic computer/internet problems  
Time commitment: variable
  
- \_\_\_\_\_ Transportation  
Running errands, transporting shelter residents to and from appointment  
Time commitment: variable

Would you prefer to volunteer: \_\_\_\_\_ Directly with children \_\_\_\_\_ Directly with families

\_\_\_\_\_ In support areas...please denote which specific area:

\_\_\_\_\_

Please list your experiences or skills that relate to the preference indicated previously:

\_\_\_\_\_

\_\_\_\_\_

Please list your current volunteer roles with location (if any) and list your previous volunteer roles:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle the most appropriate day and shift that you would be available to volunteer:

**Mornings:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Afternoons:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

**Evenings:** Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available/interested in supporting Promise Place at Special Events?

\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Morning \_\_\_\_ Afternoon \_\_\_\_ Evening \_\_\_\_ Weekend

Are you available/interested in assisting with special projects such as mailings or office work?

\_\_\_\_ No \_\_\_\_ Yes \_\_\_\_ Morning \_\_\_\_ Afternoon \_\_\_\_ Evening \_\_\_\_ Weekend

**References:**

Please print the **COMPLETE** mailing addresses of three people we may contact (**excluding relatives and roommates**) who have known you for more than two years.

Local references preferred.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**Promise Place reserves the right to conduct state and federal background checks.**

**Volunteer Privacy Information and Release Authorization**

Please read the following carefully

***Application information***

I certify that all information in this application is true and complete.

I understand that any false information or omission may disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

***References***

I understand that Promise Place requires information from me to evaluate my qualifications for volunteer service.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

***Background investigation***

I understand, in consideration of my application, a background investigation will be conducted.

I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification.

I authorize Promise Place and associated entities to conduct the background investigation and release Promise Place from responsibility for this investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services at Promise Place.

I have read and understand the above and by my signature consent to these statements.

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**Applicant Signature**

**Date**

**Background Checks:**

In an effort to create a safe environment for clients, visitors and employees, Promise Place conducts a national and county criminal background investigation. This investigation may include arrests and convictions. This report is kept confidential.

**PROMISE PLACE  
CONFIDENTIALITY ACKNOWLEDGEMENT & AGREEMENT FORM**

PRINT NAME: \_\_\_\_\_

During the course of your activity at Promise Place and its affiliates, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with Promise Place policies and procedures. In order for Promise Place to properly care for it's clients certain information must remain confidential. Improper disclosure of confidential information can cause irreparable damage to our clients/residents and Promise Place. Confidential information includes, but is not limited to:

1. Personal or medical information about clients/residents.
2. Personal or medical information about employees.
3. Reports, policies and procedures, marketing or financial information, and other information related to the business of services of Promise Place which has not previously been released to the public at large by a duly authorized representative of Promise Place

If you have any questions at any time concerning the confidentiality or disclosure of information, you should contact the Promise Place at 770-461-3839.

1. I will only access information for which I have a legitimate business purpose.
2. I am obligated to hold confidential information in the strictest confidence and not to disclose the information to any person or in any manner that is inconsistent with applicable policies and procedures of Promise Place.
3. Failure to comply with my confidentiality obligation may result in disciplinary action or termination of my employment/educational affiliation by Promise Place, or corrective action in conformance with current medical staff bylaws, rules and regulations.
4. I understand that it is a Federal offense to disclose the address of any safe shelter: therefore, I agree not to divulge ay any time the location of the safe shelter known as Promise Place.
5. I understand and agree that the safety of residents, their children and our staff is dependent upon all of us maintaining strict confidentiality at all times.
6. Impermissible disclosure of confidential information about a person may result in legal action being taken against me by or on behalf of that person.
7. My confidentiality obligation shall continue indefinitely, including at all times after my association with Promise Place and its affiliates, such as termination of my employment or affiliation with Promise Place and its affiliates.

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

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

Print Name \_\_\_\_\_

## VOLUNTEER VEHICLE REGISTRATION FORM

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

Promise Place policy requires that employees, volunteers, and affiliates provide the automobile insurance and registration information for all vehicles that will be transporting clients from Promise Place premises. Please provide proof of insurance documentation.

**It is your responsibility to update this information with The Administrative office if you change vehicles or license plates.**

Please complete the information requested below:

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Vehicle #1 License Plate: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Vehicle #1 License Plate: \_\_\_\_\_ Year: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expires: \_\_\_\_\_