



THE INSTITUTE FOR HUMAN SERVICES

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VOLUNTEER APPLICATION FORM

Date: _____/_____/_____

PERSONAL INFORMATION

Name: _____ Phone: _____ Work: _____

Email: _____

Address: _____
(Street & Apt. #) (City) (Zip)

Gender: M F (Circle one) Birthday: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

Name: _____ Phone: _____ Work: _____

Relationship: _____

AVAILABILITY

Total number of hours I'd like to volunteer per week: _____

Days I am available _____ Start Date: _____

What time are you available? _____

Why do you want to volunteer at IHS? _____

Have you ever stayed at IHS? _____ If so, when? _____

Are you required to volunteer for school, community service or another reason? _____

What is the reason? _____

How many hours are you required to do in total? _____



VOLUNTEER PROFILE

Current employer/school: _____

What do you study/do there: _____

Previous Volunteer Experience: _____

Please list your talents, skills and interests (you never know when or where you may be a very valuable asset): _____

VOLUNTEER POSITIONS – CHECK THOSE THAT INTEREST YOU

- _____ Sorting donations. Hours: Various
- _____ Janitorial help. Hours: Flexible, but especially 6:00pm-8:30pm.
- _____ Kitchen Work (preparing and/or serving food to 300 people). Hours: Any day, any 2-4 hours between 4:00am-7:00pm
- _____ General Office Work (filing, typing, envelope stuffing)
 - _____ Finance Dept.
 - _____ Human Resources Dept.
 - _____ Case Management Dept.
 - _____ Community Re-Entry Dept.
 - _____ Development Dept.
 - _____ Intake Dept. Hours: 2:00pm-4:00pm
 - _____ Operations Dept. Hours: Flexible.
 - _____ Housing/Employment Dept. Hours: Monday-Friday, various times during the hours of 7:00am-7:00pm
 - _____ Operations Dept.
- _____ Computer Assistance (database management, data entry)
- _____ Assisting with or sponsoring a special event / fundraiser
- _____ Working with children in the Family Room
 - _____ Garden volunteer. Hours: Monday-Friday 3:00pm-5:00pm or 3:30pm-5:30pm. Also, weekend waterings between 8:00am-11:00am.
 - _____ Homework Club help. Hours: Monday-Friday 3:00pm-5:00pm.
- _____ Moving guests
- _____ Letters to editor/Speaker's Bureau
- _____ Organizing and conducting recreational activities with our guests
- _____ Create and/or teach a class. Please describe: _____

_____ Other: _____

SSI # FOR CRIMINAL BACKGROUND CHECK: _____

REFERENCES: (Not in your immediate family)

THIS SECTION MUST BE COMPLETED IN ORDER FOR YOUR APPLICATION TO BE CONSIDERED.

1) Name: _____ Contact Number: _____

How does this person know you? _____

2) Name: _____ Contact Number: _____

How does this person know you? _____

3) Name: _____ Contact Number: _____

How does this person know you? _____

Signature

Date



VOLUNTEER AGREEMENT

AS A VOLUNTEER AT IHS, I AGREE THAT:

1. I shall uphold IHS' Confidentiality and Guest-Volunteer Relationship policy.
2. My services are donated to IHS without expectation of compensation or future employment. I am donating my time for humanitarian or charitable reasons.
3. I shall arrive on time; conduct myself with dignity, courtesy and with consideration for others.
4. I shall be conscientious and strive to make my work professional in quality.
5. I shall notify my supervisor and the Volunteer Services Manager if I cannot work during my scheduled shift due to illness or other reasons.
6. I shall attempt to resolve any problems related to my volunteer work with my supervisor. If unsuccessful, I shall attempt to resolve problems with the Volunteer Services Manager.
7. I shall uphold the philosophy and standards of IHS at all times.
8. I shall make my best effort to fulfill my commitment to IHS by completing all assignments that I accept.
9. I understand that IHS requests a minimum 3-month volunteer commitment.
10. I understand that the Volunteer Services Manager reserves the right to terminate my volunteer status as a result of any of the following:
 - Failure to comply with IHS rules and regulations
 - Unsatisfactory attitude, work or appearance
 - Absence without notification
 - Any circumstance which, in the judgment of management would make my continued services as a volunteer contrary to the best interests of IHS.

I HAVE READ AND UNDERSTAND THIS VOLUNTEER AGREEMENT

Signature

Date

Parent/Guardian's Signature (if under 18 yrs old)

Date



HOLD HARMLESS STATEMENT

I hereby waive, release and forever discharge the IHS, its employees, staff and volunteers, from any and all liability for any personal injuries or property damage that I may sustain as a result of, or during, my participation in any IHS events/volunteer activity, including any personal injuries or property damage that I believe I may have sustained as a result of the negligence, in whole or in part, of IHS.

I further agree to indemnify IHS, its employees, staff and volunteers from any and all claims of any nature whatsoever, including, but not limited to, personal injury and property damage, by any third party or third parties, which they claim are caused, in whole or in part, as a result of any act(s) or conduct, whether unintentional, negligent, or intentional, which may occur immediately prior to, during, or immediately following any IHS events. In addition, I agree that I cannot hold the event location owners liable for any damages

By executing this waiver, release, agreement to indemnify and hold harmless, I acknowledge that I understand and agree to accept each of the statements, waivers, releases and agreements contained in this document and by my affixing my signature hereto affirm that I will abide by these policies.

I am of legal age and do hereby understand and agree to the statements and terms above.

Signature Date

Printed Name: _____

I am the parent or legal guardian of the above listed person and do agree to the statements and terms listed above.

Signature Date

Printed Name: _____

* Your personal/job medical coverage may cover you in case of accident requiring medical attention.



IHS CONFIDENTIALITY POLICY

The following points offer an overview of confidentiality protections offered to guests receiving services at IHS.

- Staff/volunteers answering phones at **IHS** do not mention **IHS** but rather identify themselves by name, “hello, this is ..., how may I help you?” This enables staff/volunteers to receive messages for possible guests without identifying **IHS** as a homeless shelter.
- Requests for information about guests receiving services at **IHS**, (in person or by phone), are responded to by advising the person asking that we do not divulge this information but that they may leave a message requesting a response from an individual.
- Requests for information about guests receiving services at **IHS**, made by public officers, (police, FBI, CPS, DHS, etc.) will be handled by the Executive Director. The Executive Director will determine what information, concerning the status of the individual in question, if any will be divulged on commission or suspicion of involvement in a crime or violation of any procedure or agreement involving a government agency.
- Information contained only in a guests’ case management file will be guarded by a higher level of confidentiality and, without consent from the guest, will only be divulged under specifically designated circumstances.
- Information contained only in a guest’s substance abuse file is afforded the highest level of confidentiality and is governed by state and federal laws.
- **IHS** staff/volunteers are not permitted to discuss guests or situations involving guests in areas that allow the conversations to be heard by other guests, or other staff not authorized for exposure to such information.
- **IHS** staff/volunteers working in the business/administration office may not discuss or utilize any information involving donors and/or **IHS** supporters without authorization from the Executive Director.

ANY QUESTIONS CONCERNING CONFIDENTIALITY SHOULD BE DIRECTED TO THE SOCIAL SERVICES DIRECTOR OR THE EXECUTIVE DIRECTOR.

I understand and agree to abide by the confidentiality policies of **IHS**, The Institute for Human Services, Inc.

Signature

Date