

Date Received: _____ Received Via: Email: _____ Orientation: _____ Drop Off: _____



Volunteer Application

Date: _____
Name: _____
Address: _____ City _____ Zip: _____
Phone: _____ Cell: _____
E-mail Address: _____ Best way to contact you _____
Birthday (mm/dd/yyyy): _____

Emergency contact: _____ Phone: _____

Do you have a specific number of service hours you need to complete? Yes No # of Hours needed _____

If yes, when is the deadline for this requirement? _____

Do your requirements allow to volunteer at our shelter? Yes No OR

Must complete hours remotely? Yes No

Court mandated hours: *(At the moment, we are not accepting volunteers for court mandated hour until further notice)*

What area(s) would you like to help (please check all that apply)?

Administrative Office	Child Care	Special Events
Tuesday-Friday 9am-12pm AND 1-5pm	TBD	TBD
Pantry/Clothing Closet <input type="checkbox"/> Front Desk Assistance <input type="checkbox"/> Internship <input type="checkbox"/>	Not available at the moment	Fundraising (TBD) <input type="checkbox"/> Marketing/Outreach (TBD) <input type="checkbox"/>

*If considering Internship, please fill out Intern application found on our website.

When are you available to help? Please check all that apply.

Monday		Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time:	Office Closed	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1pm -5pm <input type="checkbox"/> Available All Day	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1pm -5pm <input type="checkbox"/> Available All Day	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1pm -5pm <input type="checkbox"/> Available All Day	<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 1pm -5pm <input type="checkbox"/> Available All Day	Office Closed *May be needed on weekends for special events. If interested, please inform Vol. Coord.	Office Closed

Length of volunteer service commitment: One time only Ongoing Other (tell us more below)

Do you need any special accommodations (ex. Wheelchair accessibility)? Yes No

If so, please describe: _____

If you are a high school or college student, please complete the following:

Name of school: _____

Grade level: _____ Major: _____

If you are representing a volunteer group, please complete the following:

Group/Organization Name: _____

- Business/corporation
- Religious organization
- Civic organization
- Youth club/team
- College/ university
- Other:

Number in group (estimated): _____

Please return completed form to our Volunteer Coordinator:
Raquel Sanchez
raquel@foothillfamilyshelter.org

FOOTHILL FAMILY SHELTER

CONFIDENTIALITY AGREEMENT FOR VOLUNTEERS

All information pertaining to the residents (past or present) of Foothill Family Shelter is confidential and **may not be shared with anyone other than staff members or other members of your own committee team.**

If the need should arise, discussions with other residents or anyone other than staff or your committee should only take place with permission from your assigned family and a member of staff.

Suspicion of the following situations must be reported immediately to the staff:

- Child abuse
- Elder abuse
- Evidence which suggests a resident is a danger to self, others, or property
- Suspicion of any illegal activity, including but not limited to, use of a controlled substance or alcohol
- Violation of Shelter policy

I have read and understand the above statement. As a volunteer of Foothill Family Shelter, I agree to abide by the rules of confidentiality and the reporting policies defined in this statement.

Printed Name of Volunteer or Parent/ Legal Guardian

Signature of Volunteer or Parent/Legal Guardian

Date Signed

Names of all minor children:

Volunteer Agreement

Foothill Family Shelter recognizes that volunteers contribute a vast wealth of skills, knowledge and support towards achieving its goals. We truly value our volunteers and hope that your experience with us is a rewarding one. The following code of conduct and agreement has been established to create a safe, productive and gratifying volunteer experience for everyone.

As a Volunteer of FFS, I agree to:

- Accept the responsibilities and limits set out in this agreement;
- Work in a manner that is safe for me, other volunteers, paid staff and members of the public. That includes using proper lifting techniques. When lifting heavy objects, I will use my legs to push upwards, keeping my back straight and my body balanced. I will not attempt to lift over 20lbs. without assistance;
- Dress appropriately for the job assigned. I will not wear anything that may be a safety hazard (i.e. loose fitting clothing or jewelry, open-toe shoes or sunglasses);
- Participate in orientation and training as required; take part in any technical and safety training that is required;
- Accept guidance and direction from the supervisor charged with those duties;
- Sign the Volunteer Attendance Record at each volunteering session;
- Report a non-discriminatory and harassment-free work environment. I agree to refrain from harassment of any kind, whether verbal, physical or visual. I will report any claim of harassment immediately to the supervisor;
- Refrain from eating and drinking, except in specifically designated areas;
- Refrain from smoking on FFS premises, except in specifically designated areas outside and away from the buildings;
- Consent to the participation of my child(ren) in the FFS volunteer program, as I am their lawful parent and/or guardian. I assume all risk of injury, harm or death to my child(ren), howsoever caused, arising or to arise by reason of or during the child(ren)'s participation in the FFS volunteer program;
- Assume all risk of injury, harm or death and agree to release, indemnify, defend and forever discharge the FFS and its staff, employees and agents of and from all liability, claims, demands, damages costs, expenses, actions and causes of action in respect of death, injury, loss, or damage to myself or by myself, howsoever caused, arising or to arise by reason of or during my participation in the FFS volunteer program. I am a competent individual, and I assume these risks of my own free will.

Printed Name of Volunteer or Parent/ Legal Guardian

Signature of Volunteer or Parent/Legal Guardian

Date Signed

Names of all minor children:

I grant permission to photograph and use my name/ photograph or my minor child(ren)'s name/ photograph in publicity for Foothill Family Shelter (i.e. newsletter, website, etc.)

Signature of Volunteer or Parent/Legal Guardian

Date Signed

FOOTHILL FAMILY SHELTER INC.
CONFLICT OF INTEREST STATEMENT POLICY for VOLUNTEERS
ADOPTED September, 2019

It is essential that every volunteer avoid any situation or interest which might interfere with his/her responsibility to Foothill Family Shelter, Inc., hereby referred to as Foothill Family Shelter, Inc.

A conflict of interest can arise for example, where a volunteer: 1) has a financial interest which could affect his/her judgment; 2) gains personal enrichment through access to confidential information; or 3) misuses his/her position with Foothill Family Shelter, Inc. in a way which results in personal gain. A conflict of interest can also arise when a volunteer has a personal interest, direct or indirect, in any supplier or client of Foothill Family Shelter, Inc. An indirect interest would arise if an immediate family member or an employee or Board Member has an interest in a supplier or client of the organization.

No volunteer should use inside information obtained through his/her employment or involvement with Foothill Family Shelter, Inc. for a purpose that is, or gives the appearance of being, motivated by the desire for private gain for himself/herself or another person.

No volunteer should use inside information obtained through his/her employment or involvement with Foothill Family Shelter, Inc. to coerce, or give the appearance of coercing, a person to provide financial benefits to himself/herself or another person.

No volunteer should use inside information obtained through his/her employment or involvement for private gain for himself/herself or another person, either by direct action on his/her part or by counsel, recommendation, or suggestion to another person.

If, during the year, a volunteer suspects that he/she has a conflict of interest, this matter should be reported immediately for resolution. Any volunteer who fails to comply with this Conflict of Interest Policy may be put on notice or terminated.

Please sign this Statement indicating your affirmation as described above and disclose any applicable affiliations known to you below (you may use the back of this document, if needed).

Signature of Volunteer or Parent/Legal Guardian

Date Signed

Conflict of Interest

Business/Organization

Nature of Relationship

Dates of Relationship

- 1) _____
2) _____
3) _____