



THE CARPENTER'S PLACE
PROVIDING THE TOOLS FOR REBUILDING LIVES

Application for Volunteer Service

Date: _____

Name _____ Date of Birth _____ Male Female

Address _____

City _____ State _____ Zip _____

Home Telephone _____ E-Mail _____

Would you like to receive announcements via e-mail? Y N

Language(s) Spoken _____

Ethnicity (optional, for recording purposes) _____

How did you learn of us? _____

EMPLOYMENT INFORMATION

Occupation _____ Retired? Y N

Employer _____

Work Telephone _____ May we contact you at work? Y N

EDUCATION

High School _____ Dates _____

College _____ Dates _____

Degree(s) _____

Advanced Schooling _____

REFERENCES

Please provide the names and phone numbers of two people (other than family) who will provide a reference on your behalf

1 _____ Phone _____

Relationship _____

2 _____ Phone _____

Relationship _____

VOLUNTEER EXPERIENCE

Agency / Organization	Dates	Description of Service
1.		
2.		
3.		

Why are you interested in volunteering with the homeless? _____

What talents do you bring to the volunteer program? _____

Please rate your computer skills: ___Excellent ___Above Average ___Average ___Poor

What computer programs are you familiar with? _____

COMMITMENT

In what areas would you like to volunteer? Please indicate your first; second, third, etc. preferences according to the activities that best match your talents, skills and interests. Once accepted into the volunteer program, you will meet with the Volunteer Coordinator to discuss positions and/or projects that match your skills and abilities.

Volunteer Opportunities . . .

- | | | | |
|--|--|--|--|
| <u>With Guest Interaction</u> | <u>Without Guest Interaction</u> | <u>From Home</u> | <u>Group Opportunities</u> |
| <input type="checkbox"/> Mentoring Program | <input type="checkbox"/> Office Assistance | <input type="checkbox"/> Writing Booklets | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Transportation | <input type="checkbox"/> Financial Donations | <input type="checkbox"/> Updating the web page | <input type="checkbox"/> Fund Raising Events |
| | | <input type="checkbox"/> Grant writing | <input type="checkbox"/> committee |

What time range commitment are you able to make?

- Less than 6 months
- 6 months to a year
- Other: _____

What kind of commitment are you able to make?

- More than once a week
- Once a week
- Once a month
- Once a year
- One time
- Other: _____

Please indicate what times you would like to volunteer, keeping in mind that we prefer volunteers to commit to at least 3 hours per shift.

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning							
Afternoon							
Evening							

When are you able to begin volunteering? _____

OTHER INFORMATION

Please describe any health problems or physical limitations which affect you and about which we should know:

Emergency contact person: _____

Relationship: _____

Phone: _____

Have you ever been convicted of a felony? Y N If yes, please explain _____

Thank you for your interest in volunteering with The Carpenter's Place. PLEASE READ ALL OF THE FOLLOWING CAREFULLY ...

AUTHORIZATION TO RELEASE INFORMATION:

I hereby certify that the information contained in this application form, and in any attachments listed, is true and correct to the best of my knowledge. I agree to have any of the statements checked by the organization unless I have indicated to the contrary. I authorize the references listed above to provide Carpenter's Place Aurora any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability and damages that may result from furnishing such information as well as from the use or disclosure of such information by Carpenter's Place Aurora any of it's agents, employees or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application may result in my failure to be accepted or, if I am accepted, in my dismissal from duties. If accepted, I understand and agree that my acceptance is for no definite period and may, regardless of the date of acceptance, be terminated at any time.

AGREEMENT TO MAINTAIN STRICT CONFIDENTIALITY:

STRICT CONFIDENTIALITY IS OF THE UTMOST IMPORTANCE! Each Guest who uses our facility has the right to privacy, as do all of our employees and volunteers. **WE TAKE THIS VERY SERIOUSLY!** If accepted for service, you hereby agree NOT to share ANY information regarding Guests, customers, service providers, co-workers or yourself except in the role of performing your assigned work. If you have any questions about a confidential matter speak to the Director. A breach of confidentiality may be cause for immediate dismissal.

RELEASE OF LIABILITY:

If accepted for volunteer service, I agree to observe and obey all posted rules and warnings and further agree to follow any oral instructions given by the employee's representatives or agents of Carpenter's Place Aurora. I recognize that there are certain inherent risks associated with the intended activities and I assume full responsibility for personal injury to myself or my family. I further release and discharge The Carpenter's Place or Linhowe Ministries, Inc. for injury, loss or damage arising out of my presence upon the facilities whether caused by myself or other third parties. I agree to indemnify and defend Carpenter's Place Aurora against all claims, causes of action, damages, judgments, costs or expenses, including attorney fees and other litigation costs, which may arise from my use of or presence upon said facilities. I agree to pay for all damages to the facilities of Carpenter's Place or caused by my or my families neglect, reckless, or willful actions.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Applicants Signature

Date