

DP _____
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SHELTER, INC. VOLUNTEER APPLICATION

All individuals interested in volunteering with SHELTER, Inc. must complete this application form.
Please PRINT clearly and submit to SHELTER, Inc. ATTENTION: Resource Coordinator by mail or fax.
1333 Willow Pass Road, Suite 206, Concord CA 94520 • Fax: (925) 335-9815

NAME DATE

ADDRESS CITY ZIP

HOME PHONE CELL PHONE

EMAIL ADDRESS

If presently employed, name of company: _____

How did you hear about SHELTER, Inc.? _____

What are your expectations of volunteering and/or what do you hope to accomplish?

Describe any previous volunteer experience(s) you have done, if any.

What volunteer activities are you interested in? (Check all that apply.)
 Office Assistance Children's Activities Special Events
 Organizing Donations Other _____

Please indicate any interests, hobbies, or language skills you would like to use in your volunteer work:



What is your availability? Monday Tuesday Wednesday Thursday Friday
 AM PM Flexible Preferred Time: _____

How many hours are you available per week? _____

Please describe any of your experiences with homeless people. _____

Have you received services from SHELTER Inc. within the last 2 years? YES NO If yes, please list dates and services received. To volunteer, you must not have received services in the last 24 months.

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? YES NO If yes, please explain below. (Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization.)

Please list two references:

NAME _____ RELATIONSHIP _____

PHONE (HOME/CELL/WORK) _____

NAME _____ RELATIONSHIP _____

PHONE (HOME/CELL/WORK) _____

In case of emergency, who should SHELTER, Inc. contact?

Name _____ Relationship _____

Home Phone _____ Work phone _____

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CONFIDENTIALITY AGREEMENT

I _____ as a volunteer with SHELTER, Inc. do hereby agree to maintain complete confidentiality in regards to the right of privacy of and individual seeking services from SHELTER, Inc.

I understand the importance of communicating information with others as needed to support smooth and efficient operation of SHELTER, Inc. and its programs and to guarantee the safety and welfare of all SHELTER, Inc. program participants, residents, staff, and other volunteers.

I will not discuss any actions/incidents or use anyone's name(s) with anyone outside the agency without first discussion and obtaining approval from the Resource Coordinator.

I have read and do understand the above statement regarding confidentiality. I understand that violation of this agreement may result in disciplinary action and/or dismissal as a volunteer with the agency.

Volunteer Signature _____ Date _____

MEDIA RELEASE AUTHORIZATION

This release must be completed by all volunteers participating in SHELTER, Inc. hosted and sponsored activities. Children under the age of 18 must have a parent or guardian complete this form on their behalf.

I hereby give permission to SHELTER, Inc. to use my artwork, photographs, video, voice recordings, stories, quotes or other forms of media to promote SHELTER, Inc. and the need for housing and services for people facing homelessness. I understand that the materials may be used by SHELTER, Inc. in printed materials, on the Internet, television or in other forms of media.

If I decide to withdraw my permission to use the materials in the future, I agree to do so in writing. I understand that withdrawal of permission will only apply to the use of the photos after my permission is withdrawn. SHELTER, Inc. can continue to use brochures, reports or other written materials prepared before my withdrawal of permission.

I understand that I will not receive any compensation for the use of these materials. If someone offers me a gift in connection with this publicity, I will encourage the donor to make the gift to SHELTER, Inc. to enable the organization to provide services and housing to those most in need.

This document is the entire agreement between SHELTER, Inc. and me.

Name: (Print) _____ Date: _____

Signature: _____

Parent/Guardian Consent

I am the parent or guardian of the minor named above. I hereby give my consent to this agreement.

Name: (Print) _____ Date: _____

Signature: _____

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REVISED 03-25-15

VOLUNTEER WAIVER & RELEASES

Important Information

SHELTER, Inc. is committed to conducting its programs and activities in a safe manner and holds the safety of volunteers in high regard. SHELTER, Inc. continually strives to reduce such risks and asks that all volunteers follow safety rules and instructions that are designed to protect the volunteer's safety. However, volunteers must recognize that there is an inherent risk of injury when choosing to volunteer for any activity or program. Please recognize that SHELTER, Inc. carries only limited medical accident coverage for volunteers; therefore, you are expected and encouraged to obtain your own medical or health insurance coverage. Additionally, you are solely responsible for determining if you are physically fit and/or properly skilled for any volunteer activity. It is always advisable, especially if you are pregnant, disabled in any way or recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

Warning of Risk

Despite careful and proper preparation, instruction, medical advice, conditioning and equipment, there is still a risk of serious injury when providing volunteer services. Understandably, not all hazards and dangers can be foreseen. Volunteers must understand that depending upon the volunteer services, certain risks, dangers and injuries due to acts of God, inclement weather, slip and falls, inadequate or defective equipment, failure in supervision or instruction, premises defects, horseplay, carelessness, lack of skill or technique, and all other circumstances inherent to the particular volunteer services exist. In this regard, it must be recognized that it is impossible for SHELTER, Inc. to guarantee absolute safety. Please read this form carefully and be aware that in consideration for providing volunteer services, you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, damages or loss which you may sustain as a result of participating in any and all activities connected with and associated with your volunteer services including personal transportation to, from and during the volunteer activity whether provided by you, SHELTER, Inc. or others.

Waiver & Release of All Claims & Assumption of Risk

As a volunteer, I recognize and acknowledge that there are certain risks of physical injury to volunteers in the philanthropic volunteer programs offered by SHELTER, Inc., and I voluntarily agree to assume the full risk of any and all injuries, wrongful death, damages or loss, regardless of severity, that I may sustain as a result of my volunteer services. I further release, discharge, waive and relinquish all claims I may have (or accrue to me) against SHELTER, Inc., including its affiliates, officers, agents, volunteers, clients and employees (hereinafter collectively referred as "Parties"), as a result of my volunteer services.

I indemnify and save harmless the Parties from any and all claims for injuries, damages, wrongful death or loss that I may have or which may accrue to me and arising out of, connected with, or in any way associated with my volunteer services.

I have read and fully understand the above important information, warning of risk, assumption of risk and waiver and release of all claims. If registering on-line or via fax, my on-line or facsimile signature shall substitute for and have the same legal effect as an original form signature.

Photographic release

I hereby grant and convey to SHELTER, Inc. all rights, title, and interest in any and all photographic images and video or audio recordings made by SHELTER, Inc. or other media during my volunteer activities including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

PLEASE PRINT Volunteer's Name _____

Volunteer's Signature _____

Date _____



AUTHORIZATION STATEMENT FOR CRIMINAL HISTORY RECORD CHECK

I, _____
FIRST NAME MIDDLE NAME LAST NAME SUFFIX
Print your full legal name and prior alias (s)

PRIOR ALIAS (S)

I hereby authorize SHELTER, Inc. to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding, and convictions for, crimes committed upon minors. I understand that this information will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy of any information received that appears to implicate me in criminal activities. In accordance with the Fair Credit Reporting Act Section 611 and under California state law, you have the right to dispute with IntelliCorp Records, Inc. the accuracy and completeness of any information in your consumer report. Under Section 612 of that Act, you have the right to obtain a free copy of the report within 60 days of notification by sending a written request to IntelliCorp Records, Inc. to the following address:

IntelliCorp Records, Inc., 3000 Auburn Drive, Suite 410, Beachwood, Ohio 44122,
866-202-1436, reinvestigation@intellicorp.net

It will be my responsibility to contact that agency. I further understand that until SHELTER, Inc. receives notification from that agency clearing me, my application will be deferred.

As an applicant for a volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

PROGRAM _____ PHONE NUMBER _____

SIGNATURE DATE

The information below will be destroyed once record check is submitted.

ADDRESS

CITY ZIP CODE

DATE OF BIRTH SOCIAL SECURITY NUMBER GENDER

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VOLUNTEER HANDBOOK ACKNOWLEDGEMENT

I am in receipt of SHELTER, Inc. of Contra Costa County's Volunteer Handbook and Policy Manual and understand I should consult with the Resource Coordinator if I have any questions about the policies or procedures discussed.

I understand that from time to time there may be revisions to the Volunteer Handbook and Policy Manual.

I have entered into my volunteer relationship with SHELTER, Inc. voluntarily. Accordingly, either SHELTER, Inc. or I can terminate the relationship at will, with or without cause, at any time.

Furthermore, I acknowledge that this manual is neither a contract of employment or volunteering, nor a legal document. Although some or all of the policies and procedures may have been explained to me verbally, I understand that it is my responsibility to fully read and comply with the policies contained in this handbook and any revisions made to it.

VOLUNTEER SIGNATURE

DATE

PRINTED NAME

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GETTING TO KNOW YOU

Optional

NAME

DATE

When is your birthday?

What do you like to do on a day off?

If you could have lunch with someone (i.e. hero, celebrity, historical figure, relative), who would it be and why?

What is your favorite type of food?

If you collect anything, what do you collect and why?

What kind of music do you like listening to and to what activity?

What is your favorite type of dessert?

How do you prefer to be recognized: Privately Semi-privately Publicly No preference

Thank you for sharing!

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