



South County Outreach
 7 Whatney, Suite B
 Irvine, CA 92618
 (949) 380-8144

Staff Use Only: Do Not Fill In

Program Area: _____

Placement: _____

Status: _____

VOLUNTEER APPLICATION

Please complete the following information (PRINT NEATLY):

Last Name _____ First _____ Middle _____

Address _____ City _____ Zip _____

Telephone (Hm) _____ (Cell) _____ EMAIL _____

Driver's License # _____ Issuing state _____ Birthday: _____

I prefer to be contacted at: Home Work Cell Email Veteran: YES NO

All volunteers are subject to criminal background checks. _____ (Initial that you understand and agree to this policy)

Educational: High School Grad College Degree Post Grad Degree Field of Study: _____

Employment Status: Full time Part time Unemployed Retired

Occupation: _____ Employer: _____

Does your company offer and employee match for volunteer hours? YES NO

Does your company offer a Charitable Foundation? YES NO

Do you speak a foreign language? Yes _____ Which Language(s)? _____

How did you learn about South County Outreach? _____

Prior Volunteer Experience: _____

Community Affiliations (Faith Org., Clubs, Service groups, etc.) _____

Do you have any of the following special skills/areas of interest? (Please check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Social Work | <input type="checkbox"/> Retail | <input type="checkbox"/> Marketing/Public Relations |
| <input type="checkbox"/> Property Maintenance | <input type="checkbox"/> Accounting | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Teaching/Training | <input type="checkbox"/> Computer Programming | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Receptionist | <input type="checkbox"/> Video Production | <input type="checkbox"/> Copy Writing |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Website Design | <input type="checkbox"/> Grant Writing/Research |
| <input type="checkbox"/> Phone Support | <input type="checkbox"/> Photography | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Computer Data Entry |

Volunteer placement preferred? Pantry Thrift Store Computer Lab Office Outreach Other

When are you available? Mon AM Tues AM Wed AM Thr AM Fri AM Sat AM
 PM PM PM PM PM

Are you currently or have you ever been a client of South County Outreach? No _____ Yes _____ When? _____

Have you ever been convicted of a crime or offense? YES NO If yes, was it a: Felony___ Misdemeanor___

Please describe: _____

Do you have any physical limitations or medical conditions? YES NO

Please describe _____

Emergency Contact: Name _____ Phone _____ Relationship _____

Liability Release & Waiver

I hereby waive the right to make any claim against South County Outreach, its officials, employees or volunteers, for injuries or damages, charges or expense, including attorney's fees which might be sustained as a result of my participation or transportation therewith in volunteer activities. This waiver is given in partial consideration for permission granted by South County Outreach to participate in activities. I further understand that South County Outreach does not provide any form of insurance for program participants.

Signature _____ Date _____

Code of Conduct:

All employees, volunteers, agents and board members may not solicit or accept gifts or gratuities for their personal benefit in excess of minimal value. All volunteers and staff have an obligation to report any actual or suspected wrongdoings including, but not limited to: Conflicts of Interest, Illegal Acts, Fraud, Erroneous grant reporting, Erroneous facts in grant submissions

All wrongdoings should be reported to the Executive Director. If you do not feel that your complaint is appropriately handled, please contact the President of the Board of Directors. South County Outreach strictly forbids any retaliation against anyone who, in good faith, reports suspected wrongdoings.

Signature _____ Date _____

Photo & Video Release

I hereby authorize and give full consent to South County Outreach to publish all photographs/videos of myself for the purposes of promoting South County Outreach. I further agree that South County Outreach may use the photographs/video without limitation or reservation or for any compensation other than receipt of which is hereby acknowledged.

Signature _____ Date _____

Confidentiality Policy

To safeguard the individual rights of persons served by maintaining the confidentiality of records and any services that are received from the organization as provided by law. South County Outreach is committed to providing services which treat people with dignity and respect, taking particular care to see that their rights are fully protected.

Policy:

- Information about the identity, address, evaluation, financial records or treatment of a person is confidential.
- Access to such information will be released only as a result of court order or a release by the client.
- The Executive Director is responsible for the establishment and implementation of procedures pursuant to this policy. Such procedures shall comply with all appropriate statutes, rules, regulations and legal requirements.
- All employees, consultants, volunteers, contracting agencies and affiliates are appropriately trained concerning confidentiality. Any proven violations of the confidentiality policy are subject to discharge or legal action.

Signature _____ Date _____

FOR STAFF USE ONLY:

Orientation Attended (Date): ___/___/___ Program Placement: _____

Contacted for Follow-Up: ___/___/___ Email Phone Call Status: Placed Not Placed Pending/On File

Start Date: ___/___/___ Scheduled Shift: _____

Entered in Membertrack: _____ Date: ___/___/___