

## **VOLUNTEER APPLICATION**

Last Name:			Fir	st Name:				
Address:			Cit	ty:		Zip:		
Telephone:			Em	nail:				
Driver's License #:			Iss	uing state:		Birthday:	/	
All volunteers are subject	ct to criminal	background	checks	(Initial t	that you un	derstand and	d agree to	this policy)
Educational: □ High Sch	ool Grad	⊐College Deg	ree □Post G	Grad Degree	Field of Stu	udy:		
Employment Status: □F	ull time 🗆	Part time □	Unemployed	□Retired				
Occupation:			Emp	loyer:				
Does your company offe	r and emplo	yee match for	volunteer hou	ırs? □YES [	□NO			
Does your company offe	r a Charitabl	e Foundation	? □YES □N	10				
Do you speak a foreign I	anguage? □	YES □NO	Which Langua	ıge(s)?				
How did you learn about	: South Coun	ty Outreach?						
Prior Volunteer Experien	ce:							
Community Affiliations (	Faith Org., Cl	ubs, Service g	groups, etc.): _					·
Do you have any of the f	ollowing spe	cial skills/are	as of interest?	P (Please check	k all that ap	oply):		
Phone Support Photograph		accounting Computer Progr	on	Marketing/Public Relations Special Events Fundraising Copy Writing Grant Writing/Research Graphic Design Computer Data Entry				
Volunteer placement pro	eferred? □Pa	antry □Pan	try Admin 🗆	Truck Driver	□Thrift St	ore □Clie	nt Engage	ement
Current availability?	□Mon AM	□Tues AM	□Wed AM	□Thurs AM	□Fri AM	□ Sat AM		
	□Mon PM	□Tues PM	□Wed PM	□Thurs PM	□Fri PM	□ Sat PM		

Are you currently or have you ever been a cli	ent of South County Ou	treach? □YES □NO When?	
Have you ever been convicted of a crime or o	offense? □YES □ NO	If yes, was it a: Felony: M	isdemeanor:
Please describe:			
Do you have any physical limitations or medi	ical conditions? □YES	□ NO	
Please describe:			
Emergency Contact:	Phone:	Relationship:	
Liability Release & Waiver I hereby waive the right to make any claim agai damages, charges or expense, including attorn transportation therewith in volunteer activities. County Outreach to participate in activities. I for insurance for program participants.	ney's fees which might be . This waiver is given in p	sustained as a result of my partic artial consideration for permission	cipation or a granted by South
Signature		Date	
Code of Conduct:  All employees, volunteers, agents and board mexcess of minimal value. All volunteers and stanot limited to: Conflicts of Interest, Illegal Additional values and the Execution of the Execution of the Board of Demonstration of the	off have an obligation to rects, Fraud, Erroneous gra cutive Director. If you do rectors. South County O	eport any actual or suspected wront reporting, Erroneous facts in grant feel that your complaint is app	ingdoings including, but ant submissions ropriately handled,
Signature		Date	
Photo & Video Release I hereby authorize and give full consent to Sout of promoting South County Outreach. I further limitation or reservation or for any compensation	agree that South County	Outreach may use the photograp	
Signature		Date	
Confidentiality Policy To safeguard the individual rights of persons so received from the organization as provided by with dignity and respect, taking particular care Policy:  Information about the identity, address Access to such information will be released to the Executive Director is responsible for Such procedures shall comply with all All employees, consultants, volunteers confidentiality. Any proven violations of the safe and the individual rights of the procedure of the safe and the procedure of the safe and the	law. South County Outreato see that their rights as, evaluation, financial repased only as a result of for the establishment and appropriate statutes, rules, contracting agencies a	ch is committed to providing service fully protected.  Ecords or treatment of a person is court order or a release by the clied implementation of procedures ples, regulations and legal requirement affiliates are appropriately train	confidential. ent. ursuant to this policy. nents. ned concerning
Signature		Date	
Please email completed volunteer application t	to volmgr@sco-oc.org.		