

VOLUNTEER APPLICATION & AGREEMENT

Name _____ Date of Birth _____

Home address (street, city, state, zip) _____

Home Phone _____ Work Phone _____ Education _____

Profession _____ Job Title _____

Employer _____ Email address _____

Emergency Contact (name and phone number) _____

Special training, skills, hobbies _____

Prior volunteer experience _____

Do you have: Driver's License? Y N Car ins? Y N Fingerprint card? Y N (please attach copy)

References: Please have references complete the attached form.

Name/Address	Occupation	Phone
1. _____	_____	_____
2. _____	_____	_____

As a volunteer, I agree to abide by the following:

Volunteers are responsible to the appropriate UMOM staff person.

Proper attire is required at The New Day Center and clothing must be appropriate to task being performed.

No photographs may be taken of clients (adults or children) in order to maintain client confidentiality.

Personal or social relationships with clients or the exchange of phone numbers or addresses are not allowed.

Transporting of clients in personal vehicles is not allowed. Transportation must be in leased or chartered vehicles with appropriately licensed operators and the transportation plan must have the prior approval of a UMOM volunteer departmental staff person. All passengers must use seat belts. Buses are exempt from this rule unless equipped with seat belts. Children under 4 years of age or 40 pounds must be placed in a secured car seat. Car seats are available through Childcare and must be returned upon completion.

In the event that a fingerprinted staff member does not visually supervise volunteer activities, fingerprinting may be required.

Volunteers will be very sensitive to "touchable" moments so as to avoid any potential misunderstanding.

Volunteers will complete the appropriate log to record hours worked so that UMOM may recognize its volunteers for the number of hours worked.

The strictest confidence must be maintained relative to any information dealt with in the course of volunteering.

The relationship between UMOM and volunteers is an "at will" arrangement, and may be terminated at any time without cause by either the volunteer or UMOM.

As a volunteer, all rights to sue UMOM are waived.

If, during my participation in UMOM volunteer activities, I should need emergency medical treatment, and am not able to give consent or make my own arrangements for treatment, I authorize a UMOM representative to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

Furthermore, I understand that the information I have provided may be verified and I hereby authorize investigation of all statements herein and release United Methodist Outreach Ministries and all others from liability in connection with same. I understand that untrue, misleading, or omitted information herein may result in dismissal, regardless of the time of discovery by UMOM.

I affirm that I have read and understand this application and agreement and that the information given is true and complete. In the event is a group volunteer project, a designated individual will affirm the above for the group.

Signed: _____ Date: _____

Parental Signature (if minor): _____ Date: _____

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FOR GROUP PROJECTS: I certify that I am the designee for the group _____ and affirm the following for the entire group.

Signed: _____ Date: _____



Attn: Volunteer Coordinator
3320 East Van Buren Street
Phoenix, Arizona 85008
602-275-7852

CONFIDENTIAL REFERENCE REQUEST FOR PROSPECTIVE VOLUNTEERS

Applicant's Name _____

Your Name _____ Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zipcode _____

How long have you known this applicant _____ In what capacity? _____

Characteristics	Excellent	Average	Poor	Comments
Warmhearted				
Sincere				
Mature				
Emotionally Stable				
Dependable				
Responsible				
Well Liked by Others				
Rapport With Children				

Do you recommend this person as a volunteer? Yes No

Explain: _____

Do you think this person is qualified to be a volunteer working with children? Yes No

Explain: _____

Please indicate any additional pertinent comments or information relative to this person's capabilities:

Signature _____ Date _____

The mission of UMOM New Day Center's is:
To provide homeless and low-income families with food, shelter and tools to build a bridge to self-sufficiency.



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CONFIDENTIAL REFERENCE REQUEST FOR PROSPECTIVE VOLUNTEERS

Applicant's Name _____

Your Name _____ Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zipcode _____

How long have you known this applicant _____ In what capacity? _____

Table with 5 columns: Characteristics, Excellent, Average, Poor, Comments. Rows include Warmhearted, Sincere, Mature, Emotionally Stable, Dependable, Responsible, Well Liked by Others, Rapport With Children.

Do you recommend this person as a volunteer? [] Yes [] No

Explain: _____

Do you think this person is qualified to be a volunteer working with children? [] Yes [] No

Explain: _____

Please indicate any additional pertinent comments or information relative to this person's capabilities:

Signature _____ Date _____