**Volunteer Information Sheet**

PERSONAL INFORMATION

|  |
| --- |
| Name: |
| Street Address: |
| City, State, Zip: |
| Phone: *home: cell: work:* |
| E-mail: |

Preferred Method(s) of contact: [ ] Call home; [ ] Call cell; [ ] Text cell; [ ] Email;

[ ] Call Work

I am a(n) (check all that apply):

[ ] Adult  
[ ] Youth (Minimum volunteer age 14)

[ ] Silver Cord

[ ] Completing a service project for:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| Employer: Profession: |
| School: |
| Date of birth: |
| How did you hear about volunteering with us? |

Emergency Contact

|  |
| --- |
| Name: |
| Phone: Relationship: |

Interests

[ ] Food Pantry

[ ] Monday 4 - 7 [ ] Friday 9 – Noon   
[ ] Reception

[ ] Shopping Assistant (helps client shop and take food to vehicle)

[ ] Clothes Closet Monitor

[ ] Client Intake (requires additional training through DMARC)  
[ ] Education Classes

[ ] ESL Teacher

[ ] Teaching Assistant

[ ] Teach Other Classes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Free Clinic (Mondays 5:30 – 7:30)

[ ] Reception

[ ] Physician

[ ] Nurse

Other Opportunities to Serve

[ ] Grant Writing/Research [ ] Clothes Sorting and Stocking

[ ] Fundraising [ ] Collecting Donations [ ] Occasionally or [ ] Regularly

[ ] Publicity/Outreach [ ] Cleaning (dust, mop, vacuum, clean bathrooms, garbage)

[ ] Volunteer Coordinator [ ] Bookkeeping

[ ] Stocking Shelves [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Availability

What is your availability to help (example: Monday nights during the school year, not free in summer; only available in summer; not available in winter; Friday mornings only)?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
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*I realize that I am making a commitment to volunteer a portion of my time and energies to assist Clive Community Services as a volunteer. If I commit to a particular role or task I will show up or complete the task to the best of my ability. If I am scheduled to show up at a given time, I will do my best to notify CCS in advance if I cannot come*

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*I further agree to maintain complete confidentiality in respecting the privacy of all direct and indirect customers in anything related to Clive Community Services.*

|  |
| --- |
| Signature: Date: |

**Volunteer Application**

Thank you for your interest in volunteering with Clive Community Services. To make every responsible effort to provide a safe environment for our volunteers and the patrons we serve, Clive Community Services requires the following information:

**Volunteer Disclosure Statement**

Other than a minor traffic violation, have you ever been convicted\* or any crime, misdemeanor or felony?

\_\_\_ Yes \_\_\_ No

If yes, list date & description of violation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*The term “convicted” includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgment or adjudication and an adjudication of guilt or delinquency as a minor. Note: Convictions will not necessarily bar you from service as a volunteer. We will consider the number, nature seriousness and recency of the convictions in making our decision.

Have you ever been convicted\*, or had an administrative finding, of violating any law involving child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

\_\_\_ Yes \_\_\_ No

Do you currently have charges pending relating to child abuse, sexual abuse, physical abuse, sexual harassment or exploitation, or any other crime related to children?

\_\_\_ Yes \_\_\_ No

Are you now, or have you ever been, listed on the sexual offender registry, child abuse registry or adult abuse registry?

\_\_\_ Yes \_\_\_ No

Any “yes” answer requires a more in-depth interview with the Executive Director and may also require the applicant to sign a waiver giving CCS permission to conduct an Iowa criminal history record check.

CCS reserves the right to conduct random background investigations of volunteers who have not answered “yes” to any of these questions. If a volunteer is selected for a random background investigation, the volunteer will be required to sign a waiver giving CCS permission to conduct the investigation.

The information provided above is accurate and complete.

Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Statement**

Volunteers are expected to maintain the confidentiality of our patrons’ information. This expectation is crucial to the safety and wellbeing of every person in our program. If you have a concern or suggestion regarding a patron, please discuss it with Lisa Earles, Executive Director, director@clivecommunityservices.com

Signature of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Volunteer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_