

VOLUNTEER APPLICATION

PERSONAL INFORMATION		
Name:	Birthday (Month/Day/Yr):	
What would you like to be called?	Gender:	
Mailing Address:	Unit/Lot # (if applicable):	Fulltime Resident? Y ___ N ___
Home Phone:	Cell Phone:	
E-mail address:		
Preferred way to receive updates, volunteer assignments, etc. is via _____ E-mail _____ Phone		
EMERGENCY CONTACT INFORMATION		
Relative's name:	Local Contact name:	
Relationship:	Relationship:	
Daytime Phone:	Daytime Phone:	
Evening or Cell Phone:	Evening or Cell Phone:	
E-Mail Address:	E-Mail Address:	
INTERESTS/EXPERIENCE		
How did you hear about the Southside Community Connections and its programs?		
Which program or programs are you interested in volunteering with? (Check all that apply)		
The Little House ___	Wheels ___	
Village on the Hill ___	Southside Community Connections ___	
What kinds of work have you done or are you doing?		
Do you have any major interests or special skills?		

What is your primary language?

Do you speak any other languages? If so, please list.

Are you a member of any other community groups, service groups, churches, etc.? If so, please list.

SIGNATURES

Please read and initial the following statements:

- I grant permission for SCC to communicate respecting my application with VOH with community groups I have identified above and with my Emergency Contacts listed above.
- I understand that SCC volunteers are responsible for maintaining the confidentiality of all private and personal information to which they are exposed while serving as a volunteer. Such information should never be shared except when it is reasonable and necessary to provide services to members or clients and should never be shared outside the organization. It is appropriate to discuss a volunteer experience with the VOH Volunteer, Little House or Program Coordinators, but not with others.
- I shall not use any information acquired by virtue of my participation in the program for financial, material, or professional gain or advantage.
- I understand that, as part of the application process, I am agreeing to provide written authorization for SCC to conduct criminal and DMV background checks.
- I understand that SCC accepts the service of volunteers at the sole discretion of SCC and that SCC reserves the right to terminate a volunteer's participation at any time without explanation.
- I may at any time, for any reason or no reason, decide to end my service.
- I certify that all information I have provided about myself is true and complete.
- I understand that I will be required to sign both a Volunteer Code of Conduct form and a Volunteer Waiver and Assumption of Risk at the conclusion of my orientation.

Signature of Applicant:		Date:
Signature of Parent/Guardian (if applicant is under 18 year old):		Date:
Parent/Guardian Phone:	Parent/Guardian E-mail:	

AVAILABILITY

	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Would you prefer to be scheduled...

- For individual assignments arranged ahead of time?
- For a regular weekly time slot?
- For a regular monthly time slot?
- As needed; on call for anything that comes up when you are available.

VOLUNTEER OPPORTUNITIES
 (Check all that interest you)



209-962-7303

- | | |
|---|--|
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Facility Committee |
| <input type="checkbox"/> Public Awareness Committee | <input type="checkbox"/> Finance Committee |
| <input type="checkbox"/> Financial Sustainability Committee | <input type="checkbox"/> Fundraising Committee |
| <input type="checkbox"/> Social media | <input type="checkbox"/> Risk Management Committee |
| <input type="checkbox"/> Newsletter | <input type="checkbox"/> Sustainability Committee |
| <input type="checkbox"/> Writing articles for area papers | <input type="checkbox"/> Bookkeeping |
| <input type="checkbox"/> Updating website | <input type="checkbox"/> Other: _____ |



209-962-7303

- | | |
|---|--|
| <input type="checkbox"/> Program Lead | <input type="checkbox"/> Resource Center |
| <input type="checkbox"/> Program Committee | <input type="checkbox"/> Yardwork |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Office Help |
| <input type="checkbox"/> Other: _____ | |



209-962-6916

- | | |
|--|--|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Scheduler |
| <input type="checkbox"/> Client Advisor | <input type="checkbox"/> Oversight Committee |
| <input type="checkbox"/> Administrative Work | <input type="checkbox"/> Other: _____ |



209-962-6906

Handy Helpers:

- Minor home maintenance (winterizing outdoor faucets, re-caulking bath or shower, repair drip irrigation)
- Minor home chores (hanging pictures or curtains, changing light bulbs or smoke detector batteries)
- Holiday/Special Event decorating
- Firewood stacking, carrying into home
- Taking trash to the street
- Transporting recyclables or items to be donated
- Help with computer, mechanical, or electronic devices
- Has Truck and can transport items
- Has tall ladder and can climb

Friendly Faces:

- Birthday Celebrations
- Emergency Pet-sitting
- Therapy Dog visits
- Grocery shopping/errands
- Reading or visiting with members at their home
- Health/Educational/Enrichment activities
- Phone checks (daily phone contact)
- Caregiver relief
- Appointment assistance (attend and take notes at medical or legal appointments with Member)
- Minor Mending (hems, buttonholes)

Behind the Scenes:

- Scheduling services
- Village bookkeeping and filing
- Processing forms and documents
- Entering computer data

Other: