



Date of Application: _____

Volunteer Application for Minors

Contact Information

Name _____ Birthdate: _____
Last First Middle

Address _____
Street City State Zip

Day Phone Number _____ Evening Phone Number _____

E-mail Address _____

Self Screen Eligibility Check List

Please review the following check list to determine your eligibility:

- I have not utilized Waypoint's Domestic Violence, Sexual Assault Intervention, or Madge Phillips Center programs within the past year
- I have no history of founded child or adult abuse

General Information

Have you ever volunteered at Waypoint, formerly the YWCA, before? Yes No
If yes, please give dates and activities _____

Names of relatives or friends that work or volunteer at Waypoint _____

Why do you want to volunteer at Waypoint? _____

Please check the areas you wish to volunteer for:

- Coordinate donation drives
- Quarterly deep cleaning of Waypoint facilities
- Program activities (Back to School Supply Distribution, Holiday Gift Distribution, Summer Field Trip Assistance with Children, May Day Basket Supply Distribution, etc.)

Please list other community activities you are involved with: _____

Emergency Contact Information

In case of an emergency, Waypoint should contact:

Name _____ Relationship _____

Day Phone Number _____ Evening Phone Number _____

Special Considerations and/or Physical Conditions (optional) _____

Consent/Release

I understand that Waypoint Services is not obligated to accept me as a volunteer. _____
Volunteer *Parent/Guardian*

I CERTIFY that the statements herein are correct and true to the best of my knowledge.

_____	_____	_____
Volunteer's Printed Name	Volunteer's Signature	Date
_____	_____	_____
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date

Confidentiality Agreement

It is the policy of Waypoint to hold confidential all observations and information made by and between or about Waypoint clients and program participants. Also confidential are all conversations between co-workers, interns, board members and program volunteers. All Waypoint staff, interns and volunteers are subject to this policy. Furthermore, the address of the Waypoint Domestic Violence Shelter as well as the employment, residence, phone number, and family addresses of clients, staff and volunteers are not to be disclosed except with the explicit written permission of the individual involved. I agree to follow the Waypoint policy of confidentiality. I also understand that because of my association with the Sexual Assault Intervention Program and the Domestic Violence Program that this policy reflects Iowa Code Chapter 915-20A. I understand that this agreement will be placed in my volunteer file and that a violation of this policy may result in disciplinary and/or legal action.

_____	_____	_____
Volunteer's Printed Name	Volunteer's Signature	Date
_____	_____	_____
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date

Parental Consent

I _____ warrant that I am the parent/legal guardian of _____.
(name of parent/guardian) *(name of child—"child")*

I understand that my child has the intentions to volunteer at Waypoint Services and agree with his/her participation. I understand that my child is expected to abide by any rules/regulations set by Waypoint Services. I understand that during the time spent volunteering at Waypoint Services I am responsible for ensuring an adult, not employed by Waypoint Services, is present to supervise my child. I further understand that I am responsible for providing all transportation for my child. In the event of an accident or injury I authorize Waypoint Services to seek and obtain medical treatment and care for my child.

_____	_____	_____
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date