



Volunteer Application for Group Projects

Personal Contact Information

Name _____ Birthdate: _____
Last First Middle

Home Address _____
Street City State Zip

Day Phone Number _____ Evening Phone Number _____

E-mail Address _____

Group Contact Information

Group Name (Company, Civic Group, etc.) _____

Group Leader's Name _____

Group Volunteer Date/Time _____ Group Activity _____

Self Screen Eligibility Check List

Please review the following check list to determine your eligibility:

- I am 18 years of age or older
- 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? _____

Personal and Driving Record

Do you have a valid Driver's License? Yes No
State _____ Driver's License Number: _____

Have you ever been convicted of a crime, other than a minor traffic offense?
(Conviction of a crime will not necessarily disqualify you from volunteering with us. Lying about it will.)
 No Yes, describe _____

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 can perform a background check on me.
- Waypoint Services is not obligated to accept me as a volunteer.

Initial here

Initial here

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

Printed Name

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.

Printed Name

Signature

Date

**If you would like to volunteer individually,
please contact Waypoint at 319.365.1458 ext. 121
or go on-line to learn more about Waypoint!
www.waypointservices.org**