



VOLUNTEER APPLICATION

DATE: \_\_\_\_\_

Personal Information

Name (first, middle initial, last) \_\_\_\_\_

Preferred Pronouns (he, she, they, etc.) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Race American Indian Asian Black/African American Hispanic Pacific Islander White Other

Address \_\_\_\_\_ City, State Zip \_\_\_\_\_

Email \_\_\_\_\_ Company \_\_\_\_\_

Phone \_\_\_\_\_ Type Cell Work Home

General Information

Why do you want to volunteer at Waypoint? \_\_\_\_\_

How did you hear about Waypoint? \_\_\_\_\_

Do you have any specific skills or abilities you believe could benefit Waypoint? \_\_\_\_\_

I want to volunteer for:

Domestic Violence Victim Services Program

\_\_\_\_\_ Domestic Violence Victim Advocacy & Support

General

\_\_\_\_\_ Cleaning and upkeep of Waypoint facilities

\_\_\_\_\_ General administrative support

Housing & Homeless Services

\_\_\_\_\_ Tenant Academy Facilitator

\_\_\_\_\_ Cleaning of Madge Phillips Center Shelter

\_\_\_\_\_ Shelter Services Assistant

\_\_\_\_\_ Client Outreach

KidsPoint Child Care

\_\_\_\_\_ Classroom Aide (Learning Center & Preschools)

\_\_\_\_\_ Mentor (School Age Program)

## Background Check

**It is the policy of Waypoint to provide a safe environment for clients, staff, and volunteers. For this reason, we require a background check for all volunteers.\***

Have you ever been convicted of a crime, other than a minor traffic offense? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been involved in an investigation involving child/adult abuse or assault? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been a Waypoint client within the past 12 months? Yes \_\_\_\_\_ No \_\_\_\_\_

*If answered yes to any questions, please explain:* \_\_\_\_\_

**\*Please note: any criminal charges will not automatically disqualify you from volunteering, but will require further conversation**

## Confidentiality & Consent Agreement

### 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 employees and volunteers. All Waypoint staff, volunteers, and interns are subject to this policy. Furthermore, 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.

### Consent/Release

I certify that all information provided on this application is true and complete to the best of my knowledge. I understand that Waypoint is not obligated to accept me as a volunteer and can terminate this relationship at any time. I hereby do waive, release, and forever discharge Waypoint, its employees, agents, officers, and all others from any and all responsibilities or liabilities from injuries or damages resulting from my role as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Emergency Contact Information

In case of emergency, Waypoint should contact:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

Any medical information we should be aware of? \_\_\_\_\_

## For Office Use Only

Date Received: \_\_\_\_\_ Date Background Check Complete: \_\_\_\_\_ Interview Date: \_\_\_\_\_