



VOLUNTEER APPLICATION

DATE: _____

This agreement is for individuals who are dedicating under 20 hours of service to Waypoint. If more than 20 hours will be completed, a full application is required. Email volunteer@waypointservices.org for more information.

Personal Information

Name (first, middle initial, last) _____

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

Address _____ City, State Zip _____

Email _____ Phone _____ Type Cell Work Home

Which opportunity are you interested in? _____

How did you hear about us? _____

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 regarding domestic/child/dependent 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 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. With my verbal consent, Waypoint can also use my photo for marketing/advertising purposes. 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 _____

For Office Use Only

Date Received: _____ Date Background Check Complete: _____ Interview Date: _____