



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: _____