



VOLUNTEER APPLICATION AND QUESTIONNAIRE

Tell us About You

Welcome to Interfaith, where we strive to help those most in need. Your time and talents have great value and we want to do our best to put them to good use. Please answer the following questions, as they apply to you so we can get to know you and make sure that we match you with the best suited and most meaningful volunteer activity.

Name* _____ *Parent Name if Youth under 18 _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Preferred Contact: Home/Work/Cell (Circle One)

E-Mail _____ Occupation _____

Spouse Name if applicable _____ Phone _____

Emergency Contact Name _____ Phone _____ Relation _____

How Did You Hear About Interfaith? _____

Have you volunteered at Interfaith in the past? Yes/No (Please Circle One)

If Yes, In What Capacity? _____

Interfaith is supported by many in the community. Please indicate your affiliation with any of the following:

Faith Center yes/no (please circle one) Name _____

Corporation yes/no (please circle one) Name _____

Girl Scouts yes/no (please circle one) Troop Number _____

Boy Scouts yes/no (please circle one) Troop Number _____

Other Service Club yes/no (please circle one) Name _____

Experience

To help us find the best opportunities given your unique abilities, tell us about your life experience!

Work Experience _____

Skills sets and Hobbies _____

Previous Volunteer Experience _____

Are you a veteran? yes / no (circle one) During which campaign did you serve? _____

Languages Spoken

Speaking a language in addition to English is a wonderful asset. Please let us know if we can call on you to help in another language: **yes/no** (please circle one).

If you answered "yes", please circle or fill in language(s) spoken.

Arabic ASL Chinese Farsi French German
Japanese Korean Mandarin Spanish Tagalog Vietnamese

Other _____

Volunteer Interest

How would you like to help at Interfaith?

- Painting Food Preparation Working with Seniors Special Events
 Cleaning Clerical Working with Youth Other? _____

Availability

Please indicate when you are available to volunteer:

- Weekdays Weekends On call Other _____

Required Volunteer Hours

 Check all that apply:

- I need volunteer hours for school I need court mandated hours for a misdemeanor offense
 A copy of my court document is included with this application

Number of Hours _____ Date by which I need to complete hours _____

****NOTE: Volunteer hours cannot be provided in the case of a felony offense.**

Privacy

Your privacy is very important to us, and that of our clients as well. Please sign here to indicate that you have read and understood the policies and procedures document.

Signature Date

Witness Signature Date
(Parent if volunteer under 18)

VOLUNTEER POLICIES & PROCEDURES

CONFIDENTIALITY AGREEMENT During the course of your work you may come into the possession of trade secrets or confidential information including client names and addresses, client files, financial information, donor records, agreements, business plans and proprietary information. All of this information is strictly confidential whether about INTERFAITH, its clients, suppliers, donors, volunteers or employees. This information must not be disclosed to anyone, including family members, persons outside of INTERFAITH, or to any INTERFAITH staff who is not entitled to the information. Under no circumstances can photos be taken on Interfaith Community Services property of anyone without their prior written agreement. **If you have any doubts about the confidentiality of information, you should keep such information confidential and to yourself.**

WAIVER OF LIABILITY

- I hereby waive any right or cause of action arising as a result of my participation as a volunteer from which any liability may or could accrue against Interfaith Community Services or the staff and directors collectively or individually. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of connection with my activities as a volunteer.
- I hold Interfaith Community Services and its event sponsors blameless and harmless in case of injury or death.
- I agree to never be alone with any client of Interfaith Community Services, male, female, adult or child unless I have written permission from Interfaith staff and I have cleared the FBI Livescan.
- I grant Interfaith Community Services full right to use name and/or likeness for media related promotional purposes.
- I state that I have not been convicted of a felony in either California or any other state and am not a convicted sex offender. **Please initial here to indicate this statement is true _____.**
- I state that I am not involved in any pending criminal legal cases of any type, including any type of sex offense, either in California or in any other state. **Please initial here to indicate this statement is true _____.**
- I agree to work under the full direction of an Interfaith Community Services employee.
- I also hereby authorize and consent that Interfaith Community Services has the right to copyright, publish, use, sell, or assign any and all photographic pictures, videotapes and/or sound recordings taken or made of me or in which I may be included in whole or part. I grant permission to allow these images and/or recordings to be put to legitimate use at the discretion of Interfaith. I relinquish all rights, title or interest to any furnished products, reproductions or facsimiles.

ANTI-FRATERNIZATION POLICY It is important to remember that although we all desire to help those we serve, it is important that our well-meaning actions not be a hindrance and that boundaries be maintained between volunteers and Interfaith's clients. ***Volunteers must observe the following Anti-Fraternization policy:***

- Transporting a client in a vehicle is prohibited without notifying your supervisor and obtaining written permission*
- No volunteer is allowed to take a client into their personal dwelling for housing or care*
- No volunteer is allowed to give his or her personal information to a client (i.e., telephone number, address, etc.) unless participating in Interfaith's Make it a Home Program, after clearing the FBI Livescan*

*Exceptions to this granted with written permission from Interfaith Staff or if volunteer is participating in Interfaith's Make it a Home Program, after clearing the FBI Livescan and being approved by the Volunteer Coordinator.

CLIENTS VOLUNTEERING Current clients of Interfaith Community Services cannot volunteer. There is a waiting period of 12 months from end of receiving services before a client may apply to volunteer.

FINGERPRINTING All volunteers working with clients or confidential information must submit to a FBI background check. Interfaith Community Services will not be able to assume the cost for reimbursement. The volunteer must agree to responsibility for this expense.

ACCIDENT In case of an injury or incident, volunteers are to go immediately to the Volunteers Coordinator (if the Volunteer Coordinator is not available, then the alternative will be the department head, Program Director, Manager of HR or the Executive Director). A Volunteer injury/incident report must be filled out immediately. If the injury is critical, the volunteer must either be taken to the hospital or 911 called.

VOLUNTEER SIGN-IN FORMS All volunteers are required to sign-in and out each day of work at each location.

SIGNATURE I have read and understood the above terms and agree to all of Interfaith Community Services volunteer policies, waivers and confidentiality agreements.

Volunteer Signature

Date

Witness/Parent Signature

Date