

Phoebe's Home Volunteer Application
(PLEASE PRINT ALL INFORMATION)

PERSONAL INFORMATION

Name (Last, First, M.I.) _____

Home Address (Street, City, State, Zip) _____

Home Phone _____ Office Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____ SS# _____ DL# _____

EMPLOYMENT INFORMATION

Current/Last Employer _____ Phone Number _____

Address (Street, City, State, Zip) _____

Occupation/Title _____

Have you previously volunteered or applied for employment with Phoebe's Home? Yes ___ No ___

EDUCATION

Highest Level of education achieved _____

Area of Study _____

School Attended for highest level of education _____

Is this volunteer work a class requirement? Yes ___ NO ___ If so, how many hours? _____

Date to be completed by? _____ What university? _____

Professor Name _____ Professor Phone _____

PREVIOUS VOLUNTEER EXPERIENCE

A. Organization _____ Name of Supervisor _____

Phone number _____ Length of time with organization _____

Type of work performed _____

B. Organization _____ Name of Supervisor _____

Phone number _____ Length of time with organization _____

Type of work performed _____

How did you learn about Phoebe's Home volunteer program? _____

Why did you choose Phoebe's Home for your volunteer experience? _____

Do you speak a language other than English? Yes ___ No ___

Which language? _____ Read? _____ Write? _____

Please List any other skills, hobbies, or interests you have that may be helpful in your volunteer work. _____

Are you a current or former client of Phoebe's Home? Yes _____ No _____

When are you able to volunteer? (Please indicate days and times.)

- Monday _____ Additional Notes about availability: _____
- Tuesday _____
- Wednesday _____
- Thursday _____
- Friday _____
- Saturday _____
- Sunday _____

REFERENCES

Please list three references, who are not related to you, but have known you for at least one year. Please provide a complete address and phone number for each individual listed.

1. Name _____ Phone Number _____

Mailing Address _____

2. Name _____ Phone Number _____

Mailing Address _____

3. Name _____ Phone Number _____

Mailing Address _____

PHOEBE'S HOME VOLUNTEER POLICIES

- Volunteers understand that Phoebe's Home reserves the right to conduct a criminal background check, and that by signing this application permission is given to complete this part of the volunteer screening process.
- Volunteers must provide (3) contacts with mailing addresses for references before working with clients in any direct service program. Phoebe's Home will contact these references.
- Volunteers understand that while at Phoebe's Home, they may come in contact with infectious and contagious diseases, such as Hepatitis B, Salmonella, Ringworm, Tuberculosis, AIDS, and others. Phoebe's Home may not be aware of diseases the residents may have and may not be able to divulge this information due to confidentiality. Phoebe's Home is not responsible for determining whether a resident has a disease.
- Volunteers understand that it is their personal choice and responsibility to take safety and health precautions, and Phoebe's Home is in no way responsible for advising volunteers of the appropriate precautions to take. Volunteers are aware that health officials recommend wearing disposable gloves while cleaning spills of body fluid, etc. and wearing a mouthpiece for mouth to mouth resuscitation. By signing below, volunteers resolve not to hold Phoebe's Home liable for health problems incurred while at Phoebe's Home, even if they are caused in whole or part as a result of negligence of a staff member or resident.
- By signing below, volunteers release the owner/operator of any vehicle in which they may be riding from any and all responsibility and liability for any damage, injury, or illness which might occur during the transportation. This includes but is not limited to, those caused in whole or in part by the negligence of the owner/operator of the vehicle to the extent not covered by insurance.
- Phoebe's Home adheres to a strict confidentiality policy. Confidentiality is defined as the assurance that access to information regarding a client shall be strictly controlled, and that any violation of such control will be a breach of faith. Volunteers should consider all information regarding Phoebe's Home as privileged information and agree to keep this information within the confines of the shelter. The identity of any client using our services and any information regarding that client's case will be kept strictly confidential with the following exceptions:
 - Cases in which we are bound by law to report information concerning child abuse, elder abuse, and handicapped abuse; homicide; suicide; or homicidal/suicidal threats.
 - There is an Authorization to Release Information form signed by the client and on file.

Any breach of faith or rule violation on the part of the volunteer will result in immediate termination of volunteer service.

As a Volunteer or Potential Volunteer, I understand the stipulations listed above and agree to them.

Volunteer Signature _____ Date _____