



# HOMELESS CENTER FOR STRAFFORD COUNTY

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you 18 or older? Yes No

How did you learn about volunteer opportunities at the Homeless Center for Strafford County?

\_\_\_\_\_

Any skills, talents or interests you have that you feel would benefit our organization?

\_\_\_\_\_

Any physical limitations? \_\_\_\_\_

Have you been convicted of a crime other than a minor traffic violation? If yes, please explain:

\_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Which days and times might you be available to volunteer? **Please circle all that are appropriate.**

- |                                  |                                   |                                     |                                    |                                  |
|----------------------------------|-----------------------------------|-------------------------------------|------------------------------------|----------------------------------|
| <b>Monday</b><br>6:00-8:00am     | <b>Tuesday</b><br>6:00-8:00am     | <b>Wednesday</b><br>6:00-8:00am     | <b>Thursday</b><br>6:00-8:00am     | <b>Friday</b><br>6:00-8:00am     |
| <b>Monday</b><br>8:00am-12:00pm  | <b>Tuesday</b><br>8:00am-12:00pm  | <b>Wednesday</b><br>8:00am-12:00pm  | <b>Thursday</b><br>8:00am-12:00pm  | <b>Friday</b><br>8:00am-12:00pm  |
| <b>Monday</b><br>12:00pm -4:00pm | <b>Tuesday</b><br>12:00pm -4:00pm | <b>Wednesday</b><br>12:00pm -4:00pm | <b>Thursday</b><br>12:00pm -4:00pm | <b>Friday</b><br>12:00pm -4:00pm |
| <b>Saturday</b><br>6am-10am      | <b>Saturday</b><br>10am-1:30pm    | <b>Saturday</b><br>1:30pm -4:00pm   | <b>Saturday</b><br>4:00pm -11pm    |                                  |
| <b>Sunday</b><br>6am-10am        | <b>Sunday</b><br>10am-1:30pm      | <b>Sunday</b><br>1:30pm-4:00pm      | <b>Sunday</b><br>4:00pm-11pm       |                                  |

How many hours a week would you like to volunteer? \_\_\_\_\_ A Month? \_\_\_\_\_

While I am being considered for a volunteer position, I understand and agree that the Homeless Center for Strafford County (HCSC) may request or exchange information from my past employers or volunteer positions regarding my qualifications for this position without incurring any liability. I understand that the HCSC is in no way obligated to offer me a volunteer position, nor am I obliged to accept any position offered.

Applicant Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

### WAIVER OF LIABILITY FOR VOLUNTEERS

I \_\_\_\_\_, understand that the Homeless Center for Strafford County (HCSC) does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of HCSC beyond what may be offered freely by this non-profit organization in the event of injury or medical expenses incurred by me.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

### ETHICAL AGREEMENT

1. I will always abide by the Homeless Center for Strafford County's (HCSC) confidentiality statement.
2. I will promote the well-being and autonomy of shelter residents at all times.
3. I will treat shelter residents and co-workers in a respectful manner.
4. I will not permit or perform any physical, emotional, or verbal violence either with co-workers or in the shelter.
5. I will not use my position or authority to manipulate shelter residents or co-workers for personal gain.
6. I will not develop intimate, romantic relationships with shelter residents while they use our services.
7. I will not bring illegal drugs or weapons into the shelter, nor will I perform my job-related duties while under the influence of any illegal drugs or alcohol.
8. I will not discriminate against any residents or co-worker based on race, color, creed, religious preference, age, sex, or sexual orientation.
9. I will be responsible in confronting other co-workers and volunteers if I become aware of inappropriate behavior on their parts.
10. I will attempt at all times to separate my personal needs, issues, and agenda from my role as staff, volunteer, student, advocate.
11. I, upon my termination, will maintain resident and co-worker/volunteer confidentiality and I will hold confidential information about sensitive situations within HCSC.

\*All references to shelter residents shall pertain to shelter children also.

## HCSC CONFIDENTIALITY AGREEMENT

The Homeless Center for Strafford County (HCSC) staff/volunteers respect the integrity and welfare of the HCSC residents, and ensure each resident is treated with acceptance and dignity.

HCSC staff/volunteers will protect the confidential information of residents. I understand and agree:

- 1. I will not share any information about shelter residents with anyone other than HCSC staff/volunteers.
- 2. I will not confirm that a person is currently residing at the shelter or has previously resided at the shelter.
- 3. I will not take photographs or videotape of the shelter or any shelter residents.
- 4. I will direct all inquiries from law enforcement officials or human service workers to the HCSC Executive Director or Shelter Manager.
- 5. I understand that the only exception to these terms is if there is a clear and imminent danger to shelter residents or others, or if disclosure is required by court order, subpoena, or statute.

This confidentiality statement is incorporated into the ethical agreement between HCSC staff and volunteers, students, and advocates.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date