



Volunteer Application

Full Name: _____ Date of Birth: _____
Last First M.I. Month /Day /Year

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email: _____

Best Time to Call: Morning / Evening/ Afternoon

Preferred schedule:

Days: _____ Hours: _____

Have you volunteered at a homeless shelter? [] YES [] NO

How did you hear about our volunteer program? _____

Why do you want to volunteer at PADS of Elgin? _____

Have you ever volunteered for PADS of Elgin? [] YES [] NO If yes, when? _____

Have you ever been convicted of a felony? [] YES [] NO If yes, explain: _____

Emergency Contact

Please list your emergency contact.

Name: _____ Phone: _____

Previous Volunteer Experience

Organization: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

Volunteering Thoughts

What motivates you to want to volunteer with the homeless population?

What type of interaction are you currently comfortable with regarding interacting with our homeless guests? (Check all that apply; there are no wrong answers) [] Very Limited Interaction [] Some Interaction [] Interaction Anytime

How often would you like to volunteer? [] 1x a week [] 1x a month [] When I am available (varied schedule)

___ I am comfortable with serving dinner.

___ I am comfortable helping with welcoming guests to the shelter.

___ I am comfortable with only projects during the daytime hours.

___ I am comfortable helping with fundraisers outside of the PADS shelter (Golf Outing, Winter Harvest Dance, etc)

___ Put me where you need me!

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand that all information about people served is strictly confidential and I will not violate this confidentiality while at the facility/office or in the community. Cameras, photos, or recording devices are not allowed without administrative approval and written release.

If this application leads to a volunteer position with PADS of Elgin, Inc. I understand that false or misleading information in my application or interview may result in me not becoming or continuing as a volunteer.

Signature of Applicant:

Signature of Parent (if the volunteer is under 18): _____ Date: _____

Office Use Only

Contacted on	Interviewed on	Completed training on

Trained by: _____

Completed and Signed all paperwork on: _____ 1st Volunteer Day _____



Confidentiality Policy

Approved by the board 11/29/2016

I. POLICY

It is the policy of Public Action to Deliver Shelter hereinafter PADS of Elgin, to keep all information about all participants in the program confidential. All volunteers, employees, interns, and board members are required to adhere to this policy. The contents of all communications and records, including but not limited to written and electronic, will be protected and held in strict confidence. All volunteers, employees, interns and board members of PADS will also abide by all requirements regarding protection of confidential information.

In addition, all internal correspondence (written, verbal or electronic) between staff, board members and volunteers regardless of content and whether or not the correspondence is

Confidentiality of all documents and communications extends beyond employment and volunteerism.

II. PROCEDURE

A. Volunteers:

Pre-service orientation training will include proper record-keeping procedures and confidentiality to include:

1. Required signature of Confidentiality Agreement;
2. Maintaining strict confidentiality at all times; and
3. Maintaining security of all paper records including guest information and correspondence as well as electronic data and communication.

III. BREACH OF CONFIDENTIALITY AGREEMENT/POLICY

Any incident which constitutes a breach of this Confidentiality Policy will be brought before the executive director within forty-eight (48) hours. Each incident will be reviewed and a copy of this review will be documented and placed in the individual personnel file. The executive director will decide if the breach shall result in dismissal or reprimand. If further review is necessary, by a majority vote, the entire board of directors shall decide if the breach will result in dismissal.

However, no more than one (1) breach of confidentiality will be tolerated. More than one (1) breach of confidentiality will result in automatic dismissal from the organization.

ACKNOWLEDGEMENT

I hereby understand and agree to adhere to this Confidentiality Policy, and I further understand that confidentiality extends beyond employment or volunteerism with PADS of Elgin.

Printed Name: _____

Signature: _____

DATE: _____



DATE: _____

I the undersigned hereby authorize/give permission to PADS of Elgin, Inc. to publish, copyright, duplicate or otherwise use for all purposes, my name and photographic pictures, digital images, or recordings of me in any medium for the purpose of promotional, advertising, display, audiovisual, or editorial use.

I hereby agree to hold harmless, release, and discharge Pads of Elgin, Inc., its board, officers, employees, agents, successors, and assigns from and against any and all claims, demands, damages, or liability, including reasonable attorneys' fees and court costs which I may have, arising from or related to the use of photographic pictures, digital images or recordings of me in any medium.

Printed Name

Signature

If a minor, Parent/Guardian:

Name: _____

Address: _____

Phone: _____

Signature