

Almost Home Volunteer Application

Thank you for your interest in volunteering with Almost Home!
Please fill out this application in its entirety, so we may get to know you better.

Contact Info:

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Employer or School Info:

Employer/School Name: _____

Employer/School Address: _____

City: _____ State: _____ Zip: _____

Job Title: _____

Emergency Info:

Emergency Contact Name: _____

Home Phone: _____ Cell Phone: _____

Interests & Availability:

Position/s you'd like to be considered for: _____

Please list the days and times you would be available to volunteer:

Can we call you to fill in on short notice during these times? _____

Additional Info:

Are you over 18 years of age? _____ Birthday (Optional): Month _____ Day _____

Is your volunteer service...

Court Ordered? _____ Required for School? _____ Work Study? _____

If you answered yes to any of the above...

How many hours do you need to complete/are approved for per week? _____

Do you plan to continue volunteering once your hours are met? _____

Do you have health conditions or limitations that we should be aware of? _____

Volunteer Disclosure:

It is our policy to make a reasonable effort to provide a safe environment for our guests and volunteers.

Have you ever been convicted of a misdemeanor or felony? _____

Have you ever been convicted, or had an administrative finding, of violating any law involving abuse, (adult, child, sexual, physical), sexual harrasment or exploitation? _____

Do you currently have charges pending, or are there any ongoing investigations involving you? _____

I hereby authorize St. John's Lutheran Church, Almost Home and their ministries to seek Emergency Medical Treatment in case of accident, injury or illness. I acknowledge my understanding that volunteer activities may place me in a hazardous situation and could result in injury and I assume that risk. I agree to hold harmless St. John's, the Guest House and the Open Closet, and any employees and/or members of the Board of Directors of said agencies from any liability whatsoever arising from my participation in the Volunteer Program. In consideration of being allowed to participate in the Volunteer Program, I hereby release St. John's, it's employees, officers and directors from any liability for injuries I might receive in my volunteer activities on behalf of said agencies.

I certify that the above information given is accurate and true. I understand said agencies are under no obligation to appoint me to a volunteer position. I also understand some positions may require me to submit to a detailed background check and that falsification of any statement on this form could be cause for dismissal from the Program. Furthermore, should any of the above information change, I will notify said agencies immediately.

Understanding that public relations is an important part of a volunteer's activities, I hereby authorize St. John's, the Guest House and the Open Closet to use any photographs of me in its possession for public relations purposes.

As a volunteer I may have access to confidential information, which is not generally known to or accessible by the public. I understand disclosure of confidential information is not permitted and this non-disclosure applies during and after my volunteer time with said agencies. Any copying, reproducing or distributing of confidential information in any manner must be authorized by management. Confidential information remains the sole property of said agencies.

Signature: _____

Date: _____