



Date: ____/____/____

Community Resource Center Volunteer Application

PERSONAL INFORMATION:

NAME: _____

ADDRESS: _____
STREET CITY ZIP

Home Phone: _____ Work Phone: _____

E-Mail Address: _____ Birthday: ____/____/____

Have you ever been convicted of a criminal offense? _____

Why do you want to volunteer? (please circle one)

Court Mandated School Personal Interest Group/Organization

School mandated volunteer service _____
(Name of School)

For what class/program? _____

How many hours do you need to complete: _____ By When? ____/____/____

Court mandated this community service _____
(Court Branch)

How many hours do you need to complete: _____ By When? ____/____/____

What were you convicted of? _____

Probation Officers Name: _____ Case Number: _____

Have you ever received any types of services from the Community Resource Center? If so, please give the date and type of services received?

SKILLS & INTERESTS:

Educational Background: _____

Current Occupation: _____

Previous Volunteer Experience: _____

Languages Spoken: _____

Is there a particular type of volunteer work in which you are interested?
(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Photography at Events | <input type="checkbox"/> Legal Advice: Date Passed Bar ___/___/___ |
| <input type="checkbox"/> Bread Room Services | <input type="checkbox"/> Major Fund Raising |
| <input type="checkbox"/> Computer Support | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Construction & Carpentry | <input type="checkbox"/> Post Filers |
| <input type="checkbox"/> Counseling: License Type & Number: _____ | |
| <input type="checkbox"/> Domestic Violence Program | <input type="checkbox"/> Thrift Stores |
| <input type="checkbox"/> Small Electronic Repair | <input type="checkbox"/> Training/Workshops: Subject: _____ |
| <input type="checkbox"/> Food Pantry Distribution | <input type="checkbox"/> Volunteer Coordination |
| <input type="checkbox"/> Food Donation Pickup | <input type="checkbox"/> Working With Children |
| <input type="checkbox"/> Holiday Basket Program | <input type="checkbox"/> Other: _____ |

OTHER AREAS OF VOLUNTEER INTEREST:

Please help us make your volunteer time more fulfilling by listing any other areas in which your experience would assist CRC:

AVAILABILITY:

What Date are you available to Start? _____

Length of Intended Commitment (please circle one):

On-going (*long term 6mo or more*) **Short Term** (*up to 6 months*) **One Time**

What times are you interested in volunteering?

Open Call as needed Other: _____

Specific Availability: (For each day write times generally available.)

Example: (9-11:30 AM)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
___-___	___-___	___-___	___-___	___-___	___-___	___-___

I have access to a vehicle in good working order that I can use for volunteer work
(for bread donation pickups, etc.)

How did you hear about us?

- | | |
|---|--|
| <input type="checkbox"/> Referred by a friend/volunteer | <input type="checkbox"/> Referred by agency/client |
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> School |
| <input type="checkbox"/> Social Services | <input type="checkbox"/> Court |
| <input type="checkbox"/> Other: _____ | |

REFERENCES:

Please list the names and phone numbers of two personal references:

Name: _____ Phone: _____

Name: _____ Phone: _____

CRC Volunteer & Agency Agreement

The Community Resource Center (CRC) is a nonprofit social service agency that is largely dependent upon the volunteer efforts of people like you. The intent of this agreement is to impart to you our deep appreciation of your services and to assure you of our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

I. Volunteer Commitment:

In keeping with the ideal of a mutually beneficial relationship between you, the volunteer, and CRC, we ask that you:

1. Perform your volunteer duties to the best of your ability.
2. Adhere to agency rules and procedures, including record-keeping requirements, confidentiality of agency and client information and child abuse reporting.
3. Meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made.
4. Have a friendly attitude.
5. Maintain good personal hygiene and neat appearance.
6. Be respectful of property belonging to others.
7. Help CRC keep a drug and alcohol free work environment.

In addition, regulations require us to record all volunteer hours. The supervising manager in the area you are volunteering in will keep a time card of the hours you spend working with us.

II. Community Resource Center's Commitment:

To uphold our end of this agreement, we commit:

1. To provide adequate information, training and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure diligent supervisory aid to the volunteer and to provide feedback on performance.
3. To respect the skills, dignity and individual needs of the volunteer, and to do the best to adjust to these needs.
4. To be receptive to ideas from the volunteer regarding ways in which we might mutually better promote the mission of Community Resource Center.

III. Agreed To:

_____	_____
Volunteer	Date
_____	_____
Staff Representative	Date
_____	_____
Parent or Guardian (Under 18)	Date

CRC Volunteer Confidentiality Agreement

*This agreement may be cancelled at any time at the discretion of either of the parties. This information is provided for the safety of all Community Resource Center's Clients, volunteers and staff. **Please read carefully** before signing. If you have any questions about this issue, see your department director of the Executive Director immediately.*

Services provided by the Community Resource Center (CRC) are ethically and legally confidential. Confidential matters include all information regarding clients, personnel, financial and business transactions of CRC. Any discussion of confidential matters or release of confidential information to any outside party without the express written consent of the Executive Director is prohibited.

Any discussion of confidential matters in the presence of outside parties or in public areas where they may be easily overheard is also prohibited. Assume any information is to be kept confidential unless otherwise directed by the Executive Director. All written confidential information must be properly filed in a secure location, or sufficiently destroyed to prevent its reconstruction.

Regarding Libre Programs & Services

I have been provided with the address of one or more of CRC/Libre shelter/safe house locations and/or confidential client information and names in order to perform volunteer, contractual, or compensated tasks or series of tasks.

I am aware that the disclosure of the locations of a safe house is a misdemeanor under California Penal Code.

I agree that I will not discuss this facility of its whereabouts with anyone other than CRC Executive Director, the CRC Program Directors, Libre Program employees or a CRC employee designated in writing by either the Executive Director or the Libre Program Director.

"Discussion" includes, but is not limited to, verbal, electronics, telephone, and written communication of any sort. Answering machine messages, faxes, and non-confidential mail are not acceptable means of communication.

I further agree that I will not violate the confidentiality and privacy of any residents of said safe house(s), or any CRC clients, through discussion of them, their names, descriptions, or personal circumstances. I agree that I will neither inquire of Libre residents as to identities and circumstances, nor will I discuss any information offered to me by any resident with anyone other than CRC employees listed above.

I agree that I will not violated the confidentiality and privacy of any or all of the CRC clients through discussion of them, their names, description or personal circumstances with anyone other than CRC employees listed above.

I understand that any violation of this agreement could result in disciplinary action up to and including termination.

Signature: _____ Date: _____

Witness: _____ Date: _____



CRC Volunteer Photo Release Form

I hereby give my consent for Community Resource Center to use my photograph and likeness in its publications, including its website. I release them from any expectation of confidentiality for the undersigned minor children and myself and attest that I am the parent or legal guardian of the children listed below.

I hereby agree to indemnify and hold harmless Community Resource Center against claims, damages and incumbent legal fees that may result from publishing these photographs.

Neither I, nor any other persons that appear in such photographs, who are giving permission herein, shall receive any compensation.

Signature: _____ Date: _____

Names and Ages of Minor Children:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____



Community Resource Center Volunteer Program
Parent / Guardian Permission Slip

(Name of Youth)

Dear Parent or Guardian:

At the Community Resource Center, we are very excited to be able to offer youth volunteer opportunities. It is important that in doing so we have the permission of the parents or guardians. Please take the time to discuss the information packet with your youth, and sign all of the necessary forms. In addition, check in with them on a regular basis about their participation at CRC. If you have any questions or concerns at any time, please feel free to call and speak with the Volunteer Coordinator or their direct supervisor. Thank you for helping us give youth the best experience possible.

I, the undersigned, authorize _____ to participate as a volunteer at the Community Resource Center.

Signature of Parent or Guardian

Date