



Volunteer Application

(Please Print Clearly)

Mr., Mrs., Ms., Dr. First Name M.I. Last Name

Primary Address City ST Zip code

Alt/Seasonal Address City ST Zip code

Home/Mobile Phone (circle) Email

/ /
Date of Birth (Month/Day/Year)

Are you younger than 18 years old? No ___ Yes ___ If yes, you will need a signed Parent/Guardian Authorization.

Emergency Contacts:

Name Relationship Phone ()

Name Relationship Phone ()

Personal History: (Please note: the Agency retains the right to check on the conditions of prior residents)

Have you ever been convicted of a felony? No ___ Yes ___ When? _____

Are you currently, or have you ever been a resident of Martha's Village & Kitchen? No ___ Yes ___ When? _____

Do you know any residents currently residing at Martha's Village and Kitchen? No ___ Yes ___

Do you have a physical or other limitation that might impact your volunteer work? No ___ Yes ___
If yes, please explain: _____

Please initial each statement below and sign and date on the signature line:

- I defend, indemnify and hold harmless Martha's Village & Kitchen from all liability, personal injury, loss or damage whatsoever from any cause which may arise from activities in and about the facilities of Martha's Village & Kitchen and/or on behalf of Martha's Village & Kitchen. **_____**
- I verify that I meet the minimum age requirement for the program and position I wish to volunteer in. **_____**
- I agree to have a TB Test and/or a Criminal Background Check if required by the position in which I am interested; and I further agree to wait until the results are back before I begin to volunteer in that position. **_____**
- I have read, understand and agree to the Volunteer Services Policies, Procedures and Rules of Conduct (**including the Dress Code Guidelines**). **_____**
- **I understand that the information given above is true and will be held confidential.**

Signature _____

Date _____

The following information is optional.

Demographic information helps Martha's Village & Kitchen in getting certain grants and funding and developing collaborations; and your anonymity is strictly protected.

Information about your interests, skills and past volunteer experience helps Volunteer Services more effectively match your interests and talents to the right volunteer position.

Gender: ___ Male ___ Female **Ethnicity:** ___ American Indian or Alaska Native ___ Asian ___ Black or African American
___ Native Hawaiian or Other Pacific Islander ___ White or Caucasian
___ Hispanic, Latino or Spanish origin ___ Middle Eastern ___ Other

Personal: Civic Clubs: _____

Parish/Religious Affiliation: _____

Country Club Membership: _____

Social Clubs/Other: _____

Employment: Are you: ___ Employed ___ Retired ___ Looking for work ___ Other

Current or previous Employer _____

Work Phone _____

Work Address _____

City _____

ST _____

Zip code _____

Education: Are you currently a student? Yes ___ No ___ If yes, name of school: _____

Are you volunteering for school based Community Service hours? No ___ Yes ___

Highest Grade or Degree/Current Enrollment _____

Major/Specialization _____

Volunteer Placement:

Please describe your skills, life experiences, hobbies, and/or training:

Please check any departments you are interested in volunteering in:

___ Administration ___ Career & Education ___ Children's Services ___ Chapel
___ Kitchen ___ Maintenance ___ Emergency Services ___ Thrift Store

Please check any events you are interested in volunteering for:

___ Hosting Donation Drives ___ Special Event ___ Thanksgiving Day 5K ___ Thanksgiving Meal Service

Please list your Volunteer availability or desired day and time below. If you have decided on a schedule for volunteering with the Program Manager/Volunteer Coordinator, please list your schedule below:

DAYS:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
TIMES:							

Dress Code Guidelines

Volunteers are requested to arrive dressed appropriately for the work that they will be performing. This dress code has been developed with the safety of volunteers in mind, following work place safety standards are designed to respect our clients. Please adhere to this code to insure that you will be able to fully take part during your day of service. Volunteers arriving dressed inappropriately will not be allowed to take part unless suitable accommodations can be made.

- Volunteers must wear flat, closed-toed shoes. Please do not wear shoes with heels more than half an inch.
- Volunteers should not wear revealing or tight-fitting clothing. Do not wear tank tops, sleeveless or low-cut shirts, short-shorts or cut up pants that are revealing.
- Acceptable clothing includes shirts that cover the stomach, and upper arms and chest, shorts that come within three inches of the knees, and long pants.
- A hat or hairnet is required for volunteers handling food.(One will be provided for you)
- Disposable gloves and apron are required for volunteers handling food and will be provided.
- No one with fingernails that extend more than one inch beyond their fingertip can handle or serve food.
- All food handlers will be asked to remove bracelets, watches, rings, etc. unless they must be worn for special circumstances.

Confidentiality and Non-Disclosure Agreement For Volunteers

Our agency's information systems contain confidential records pertaining to our business operations, our residents/clients/patients, business associates, health care professionals, volunteers, interns and employees. Because this information is vital to the operation of our agency in providing quality care and services to our residents/clients/patients, it must be protected. As such, in accordance with current HIPAA & California regulations and agency policies governing the access, use, and disclosure of protected health or agency information, you have the responsibility to protect such data.

As a volunteer/intern of this agency, you may have access to protected information. The purpose of this agreement is to provide you with information to assist you in understanding your duty and obligations relative to confidential information. *Your signature on this document indicates that the information contained herein has been explained to you, and that you understand the rules set forth.*

YOU AGREE:

1. To respect the privacy and confidentiality of any information you may have access to and that you will access or use only that information necessary to perform your job.
2. To refrain from communicating information about a resident/client/patient in a manner that would allow others to overhear such information or to discuss that information with anyone not permitted access to such information in accordance with the agency's established policies or resident/client/patient's wishes (e.g., friends, relatives, visitors, family members of residents/client/patients, etc.)
3. Not to access or request any protected information that is not necessary to perform your assigned job function.
4. To abide by the HIPAA policies and procedures set forth by the agency as well as current regulations governing privacy issues.

I further understand that the duties and obligations set forth in this document will continue after the termination, expiration, and cancellation of this agreement to include my termination of volunteerism.

Date: _____

Signature of Volunteer/Intern: _____

Printed Name: _____

Photograph and Personal Information Release Form

Please read this Photograph and Personal Information Release Form carefully before signing. By signing this form you are giving Martha's Village and Kitchen permission to broadcast, print or otherwise use your image and/or interview and that of any children you have designated below for promotional, educational and other purposes.

1. CONSENT TO PHOTOGRAPH: AUTHORIZATION FOR USE AND DISCLOSURE: I, the undersigned, the Releaser, being of lawful age, personally and on behalf of any children listed below, hereby consent and authorize Martha's Village & Kitchen, licensees, agents, successors and assigns to use or disclose name, likeness, biographic and/or other information concerning the Releaser and/or any children listed below in print video or still photography, in digital or any other format, and any other means of recording.

2. PURPOSE: I hereby authorize the use or disclosure of the personal information and/or photographs or video for the following uses or purposes:

The images may be used in print, including: social media, newspapers, magazines and books, television, radio broadcasts, Web site (www), Village Voice or the *Village News*, to inform the general public of the services provided by the organizations indicated above and the needs of the homeless and needy. Also the images may be used in fundraising, public relations, and promotional media for Martha's Village and Kitchen. Releaser hereby waives any right to compensation for such uses by reason of the foregoing authorization.

Releaser, personally and on behalf of any children listed below, hereby expressly releases Martha's Village & Kitchen and/or its affiliates, licensees, agents, successors and assigns from all liability for any claims, demands, damages, losses, or expenses of any sort arising out of this agreement or of any use of name, likeness, biographic, and/or other information of Releaser and/or any children listed below and further acknowledges that there were no promises of any compensation for such use by Martha's Village & Kitchen, its affiliates or anyone associated with the latter.

Martha's Village & Kitchen and its affiliates own all rights to the photographs, articles, advertising and promotion media irrespective of the form in which they are produced and used.

3. MY RIGHTS: I, the Releaser, may revoke this authorization at any time. I must do so in writing and submit it to the Community Relations Coordinator, or in the event that he or she is unavailable then to the volunteer advisor on duty. My revocation will take effect immediately.

I may refuse to sign this Authorization. My refusal will not affect my ability to volunteer for Martha's Village and Kitchen.

I have a right to receive a copy of this Authorization.

I, the undersigned and Releaser represent and warrant that I have read and understand this consent and authorization, and that I have the right and authority to execute this release. I, the Releaser, further represent and warrant that he or she is the parent or legal guardian of any children listed below.

Release executed on (date): _____

By (Releaser print name): _____

Signature of Releaser, Parent and/or Legal Guardian: _____

Children's name(s), if applicable: _____
