Volunteer Information and Waiver Form

Thank you for volunteering with Stepping Stones Shelter! Our volunteers are an integral part of the operations and success of the shelter. There are a wide variety of activities that volunteers do for us and each job is equally important. We welcome groups and do not need to have each individual fill out an application. However, we do need each individual to agree to and sign off on the below information.

Stepping Stones Shelter is a short-term emergency/assessment shelter program that houses six families at a time. In FY 2012, we served 29 families, including more than 100 individuals, nearly half of whom were children under 4. The Shelter has been providing families in need with shelter, food, clothing, case management and support services for over 30 years. Items donated by the community are available to families while they reside at the shelter and after they leave. Your help today is part of an ongoing effort to provide services to these families in need.

To volunteer for Stepping Stones Shelter, you must agree to the following guidelines:

- Stepping Stones Shelter is a confidential and private location. The right of privacy and confidentiality applies to all of our residents. Please respect the privacy of the people that we serve and hold in confidence all information obtained in the course of service at Stepping Stones Shelter, whether the information is obtained through written records, direction contact, interaction, or indirect sources. Do not disclose an individual’s confidence to anyone, except as mandated by the law or to prevent a clear and immediate danger to the person or other persons.
- You are welcome to take pictures of your group and the shelter, but under no circumstances are you allowed to take pictures of the resident parents or children unless they have signed a media-release form. This form can be obtained from a staff person on duty.
- The Shelter is not responsible for any of your property at any time.
- As a volunteer working for Stepping Stones Shelter, you must waive all claims against Stepping Stones Shelter for damages, demand actions, cause of actions, or suits of any kind or nature whatsoever which result from volunteer work with Stepping Stones Shelter.

I understand that by signing this document that I am agreeing to comply with the above terms.

____________________________________________________           ________________________
Volunteer Printed Name                             Date

____________________________________________________           ________________________
Volunteer Signature                                Date

Please leave this form on the Volunteer Coordinator’s desk. Also, please have one group member sign the group volunteer sign-in log located to the left of the front door. Thank you.
Please fill out the following information for our monthly reports and so that we can keep in touch!

Name: ______________________________________________________________________________________

Address: ____________________________________________________________________________________

__________________________________________________________________________________________

Please add me to your mailing list: □ yes □ no

Phone: _______________________

Email: ________________________

Please add me to your email list: □ yes □ no

Please check the box that corresponds to your age: □ 5-12 □ 13-17 □ 18-25 □ 26-49 □ 50-64 □ 65+

Would you be interested in (check all that apply):

□ Attending our Annual Fundraiser or a Happy Hour Fundraiser to support Stepping Stones Shelter.

□ Inviting someone from Stepping Stones Shelter to speak at your school, congregations, or work place.

□ Collecting needed donations for the shelter and our families (full needs list at our website- www.steppingstonesshelter.org)

□ Getting involved in other ways

In the event of an emergency, the following person should be contacted:

___________________________________   _______________________  ________________________________

Name                                                     Relationship         Phone

Parental Consent (for volunteers under the age of 18)

___________________________________ has my permission to participate in this event at Stepping Stones.

Name of Volunteer

______________________________________________  _________________________________

Signature of Parent/Legal Guardian                      Date