

Stepping Stones Shelter

Volunteer Application

Name: _____ Middle Initial: _____ Date: _____

Age: _____ *(You must be age 15 or older to volunteer at Stepping Stones Shelter)*

Gender: please circle: M | F Birthdate: _____

Address: _____ City: _____

State: _____ Zip Code: _____

Cell Phone: _____ Email: _____

Place of Employment: _____

Current Position: _____

High School: _____

College Degree: _____

How many hours can you commit to per month? _____

Past volunteer experience:

What personal qualities or talents would you like to utilize during your time in the shelter?

How did you hear about Stepping Stones?

Have you ever been convicted for any crimes? If yes, please explain.

Do you have any pending court charges against you? If yes, please explain.

What is your motivation for volunteering? (example: SSL hours, hobby, to give back, etc.)

What type of volunteer opportunities are you interested in? (Check all that apply)

**On site volunteer opportunities take place Monday-Friday, 9:00 am-3:00 pm unless indicated otherwise*

- Child Care ***Tu and Thu, 7:00 pm to 8:00 pm**
- Tutoring ***Tu and Thu, 7:00 pm to 8:00 pm**
- Children’s Fun Night, **W, 7:00 pm to 8:00 p.m.**
- Workshop Volunteer (for adults) ***Tu and Thu, 7:00 pm to 8:00 pm**
- Cleaning
- Organizing/Restocking Donations
- Gardening/Yardwork (seasonal position)
- Administrative/Clerical
- Organizing Donation Drives (**off-site** opportunity)
- Providing a Meal (Sunday – Thursday, to be prepared **off-site** and delivered to shelter)
- Providing Snacks (Monday – Friday, to be prepared **off-site** and delivered to shelter)
- Other (Please explain) _____

Please check what days and times you’re available to volunteer by completing the chart below:

| | Monday | Tuesday | Wednesday | Thursday | Friday |
|-----------|--------|---------|-----------|----------|--------|
| Morning | | | | | |
| Afternoon | | | | | |
| Evening | | | | | |

Please list two references, *not related* to you:

1. Name: _____ Phone Number: _____ Length of time known: _____
Email: _____ Relationship: _____
2. Name: _____ Phone Number: _____ Length of time known: _____
Email: _____ Relationship: _____

In case of an emergency, please contact:

Name: _____ Relation: _____

Please sign and date. This affirms that all above information is true to the best of your knowledge.

Sign _____ Date _____

Stepping Stones Shelter

Volunteer Confidentiality Statement

Please initial each statement and sign below

____ I shall 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. I will not disclose an individual's confidence to anyone, except:

- As mandated by the law, or as designated by the Executive Director
- To prevent a clear and immediate danger to the person or other persons
- Where I am a defendant in the civil, criminal, or disciplinary action arising from the contract
- If there is a waiver previously obtained in writing, at which time information can only be revealed in accordance with the terms of the waiver.

____ I shall be responsible to the store or dispose of professional records in ways that maintain confidentiality.

____ I understand that the right of confidentiality applies to all residents and that resident information is confidential.

____ I understand that the right of confidentiality also applies to all of Stepping Stones Shelter's donors, volunteers, staff and Board members. If doing database entry I may come across personal information and I understand that all names, addresses, phone numbers, etc. are to be kept within the organization's system and not compromised.

____ I understand that my obligation under this agreement continues if termination occurs

____ I understand that if I have any questions regarding this policy, that I should contact the Volunteer Coordinator.

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

Volunteer Name (Print): _____

Volunteer signature: _____ Date: _____

If under age 18, parent/guardian consent is required:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

Stepping Stones Shelter

Assumption of Risk and Waiver of Liability Incl.

Property and Medical release for medical emergencies

As a volunteer working for Stepping Stones Shelter, I hereby 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 my volunteer work with Stepping Stones Shelter. I further understand Stepping Stones Shelter is not responsible for any of my property at any time.

I give permission to the staff at Stepping Stones Shelter to authorize medical care for myself in case of an emergency and release Stepping Stones Shelter and its designated representatives from any and all responsibility and liability which may result from said authorization.

SIGNED: _____ Date: _____

If under age 18, parent/guardian consent is required:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

When complete, please return to Helen Domenici

Email : Helen@steppingstonesshelter.org

Fax: 301 762 0040

Mail : P.O. Box 712, Rockville, MD, 20848