

Stepping Stones Shelter

Volunteer Application

Full Name: _____ Today's Date: _____

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

Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone #: _____ Email: _____

Place of Employment: _____

Current Position: _____

Have you ever been convicted for any crimes? ____ Yes ____ No

Do you have any pending court charges against you? ____ Yes ____ No

How did you hear about Stepping Stones? _____

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

____ Child Care - **Tuesday and/or Thursday, 7:00 pm to 8:00 pm**

____ Tutoring - **Tuesday and/or Thursday, 7:00 pm to 8:00 pm**

____ Children's Fun Night - **Wednesday, 7:00 pm to 8:00 p.m.**

____ Workshop Volunteer (for adults) - **Tuesday or Thursday, 7:00 pm to 8:00 pm**

____ Restocking Kitchen – **Monday-Friday, between 9:00 a.m. and 3:00 p.m.**

____ Answering phones/front desk reception – **Monday-Friday, btwn 9:00 a.m. and 3:00 p.m.**

____ Organizing clothes closet – **Monday-Friday, between 9:00 a.m. and 3:00 p.m.**

____ Sorting donations – **Monday-Friday, between 9:00 a.m. and 3:00 p.m.**

____ Resident Room Turnovers – **Monday-Friday, btwn 9:00 a.m. and 3:00 p.m. (as needed)**

****There are additional volunteer opportunities noted below that are conducted off site. You do not have to complete an application, rather, contact Helen Domenici at helen@steppingstonesshelter.org or (301) 251-0567 for more information.***

-Organizing Donation Drives

-Providing Dinner for Shelter Residents (Sunday – Thursday, to be prepared off-site and delivered to shelter)

-Providing Snacks (Monday – Friday, to be delivered to the shelter)

In case of an emergency, please contact:

Name: _____ Cell Phone: _____ Relation: _____

Assumption of Risk and Waiver of Liability Including 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.

Confidentiality

I shall respect the privacy of Stepping Stones clients and hold in confidence all information obtained in the course of service at Stepping Stones Shelter, whether the information is obtained through written records, direct contact, interaction or indirect sources.

I agree with the assumption of risk and waiver of liability, confidentiality policy, and affirm that all above information is true to the best of my knowledge.

SIGNED: _____ **Date** _____

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

*****A background check is required if you are age 18 years or older and volunteering in the shelter. Please complete the following background check form. Then, return both the volunteer application and background check form to Helen Domenici at:***

Email : Helen@steppingstonesshelter.org

Fax: 301 762 0040

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



FOR VOLUNTEERS AGE 18 AND OVER ONLY

NOTICE OF BACKGROUND VERIFICATION FOR VOLUNTEERS

STEPPING STONES SHELTER has engaged an outside agency, **IntelliCorp Records, Inc.** to conduct a background search on every volunteer at Stepping Stones. Information that will be collected will be used for verification of your identity and to obtain a criminal background history. Stepping Stones will store your collected information and background check in a secured, locked file cabinet.

IntelliCorp will use any appropriate and reliable sources to conduct this verification of identity and obtain a criminal background history.

Stepping Stones uses your personal data for the following purposes:

- To verify identity and to perform a criminal background history to assess your eligibility for volunteering at Stepping Stones.

Your Rights and Choices

You may have the right to request from Stepping Stones a copy of your personal data. As required by applicable law, we will provide you with access to your volunteer data that we hold. You may request that we correct, amend, or delete volunteer personal data where it is inaccurate. Stepping Stones will comply with your request within a reasonable time period following your request, as required by applicable law. You may refuse to provide your consent to undergo a background check as described in this notice. However, to volunteer at Stepping Stones, we must have a completed background check.

If you believe that we have processed your personal data in violation of applicable law and failed to remedy such violation to your reasonable satisfaction, you may also lodge a complaint with the data protection supervisory authority in your county or state.

How to Contact Us

If you have any inquiries, complaints or requests in relation to the processing of your personal data, please contact Helen Domenici or Monica Kindle.

- By phone at **301-251-0567**
- By email at helen@steppingstonesshelter.org or monica@steppingstonesshelter.org
- In writing at **P.O. Box 712, Rockville, MD 20848-0712**



Personal

Last Name First Name Middle Name

Current Address Dates Lived Here

Date of Birth Other Names Used (including maiden name) Years Used

Social Security Number Email address

Have you lived in Maryland for the last 7 years? YES or NO

If NO, please list states you've lived in during the last 7 years: _____

I have the right to make a request to **Stepping Stones Shelter**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc.** has previously furnished within the two-year period preceding my request.

I certify that all elements of the personal data I have provided are true, accurate and complete.

AUTHORIZATION

I have read and understand the foregoing notice, and authorize **STEPPING STONES SHELTER** to obtain and rely upon reports concerning me obtained from IntelliCorp Records, Inc. By my signature below, I authorize the STEPPING STONES SHELTER to verify my identity and obtain a criminal background history (if any) and to share the information received with Stepping Stones Volunteer and In-Kind Donation Coordinator and Stepping Stones management only. I also consent to have any legally required notices sent electronically.

I declare that, to the best of my knowledge, any information that I have provided to **STEPPING STONES SHELTER** and **IntelliCorp Records, Inc.** is true, correct and complete and that any falsification or misrepresentation of information that I have provided (or any omission of relevant information) may result in the removal of my consideration of becoming a volunteer at Stepping Stones, or if it is discovered once I am volunteering, the termination of my tenure as a volunteer.

Printed Name

Applicant Signature Date