

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 Number _____ Email: _____

Place of Employment: _____

Current Position: _____

Have you ever been convicted of any crimes? ___ 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, btwn 9am-3pm**
- Organizing Clothing Closet – **Monday-Friday, between 9am and 3pm**
- Sorting Donations – **Monday-Friday, between 9am and 3pm**
- Resident Room Turnovers – **Monday-Friday, btwn 9am and 3pm (as needed)**

Note: The following activities are conducted off-site and do not require completion of a volunteer application.

- Organize Donation Drives
- Provide Dinner for Residents (Sunday-Thursday, to be prepare off-site and delivered to shelter)
- Providing Snacks (Monday-Friday, to be delivered to the shelter)

Contact Helen Domenici at: @helen@steppingstonesshelter.org or call 301-251-0567.

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 representative from any and all responsibility and liability which may result from said authorization.

Confidentiality

I shall respect to 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 record, 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 of 18, parent/guardian consent is required

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

****A background check is required if you are age 18 or older and you are volunteering in the shelter. Please complete the following background check form.**

Then, mail the volunteer application and background check (if applicable) to:

Helen Domenici
Stepping Stones Shelter
PO Box 712
Rockville, MD 20848

***Note: Please don't fax or email**

FOR VOLUNTEER AGE 18 AND OVER ONLY

Please Mail Your Application and Background Check to:

Helen Domenici
Stepping Stones Shelter
PO Box 712
Rockville, MD 20848

***Note: Please don't fax or email**

NOTICE REGARDING BACKGROUND VERIFICATION

STEPPING STONES SHELTER has engaged an outside agency, **IntelliCorp Records, Inc.** to conduct a background research 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 in cabinet.

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

Stepping Stones use 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 the Company a copy of your personal data. As required by applicable law, we will provide you with reasonable access to your personal data that we hold. You may request that we correct, amend, or delete volunteer employee 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 also have the right to object to the processing of your personal data at any time on legitimate grounds, except where otherwise provided 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 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 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**:

- By phone at **301-251-0567**
- In writing through the mail sent to **P.O. Box 712, Rockville, MD 20848-0712**

Personal Data

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

Driver's License #

DL State

Email address (may be used for official correspondence)

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 Disclosure, 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 information received with Stepping Stones Director of Community Engagement 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 **STONES SHELTER STEPPING** and **IntelliCorp Records, Inc.** is true, correct and complete and that any falsification or misrepresentation of information that I 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