

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)

- Tutor/Child Care Volunteer - **Tuesday or Thursday, 7:00 pm to 8:00 pm**
- Children's Fun Night Volunteer - **Wednesday, 7:00 pm to 8:00 pm**
- Parent Workshop Leader (adults only) **Tuesday or Thursday, 7:00 pm to 8:00 pm**
- Restocking Kitchen Helper – **Monday through Friday between 9:00 am and 3:00 pm**
- Clothing Closet Sorter – **Monday through Friday between 9:00 am and 3:00 pm**
- Donations Sorter – **Monday through Friday between 9:00 am and 3:00 pm**
- Room Turnover Helper – **Monday through Friday between 9:00 am and 3:00 pm**

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

- Organize Donation Drives
- Provide Dinner for Residents (everyday, to be prepared off-site and delivered to shelter)
- Provide Snacks (Monday through 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.

COVID-19

All staff, volunteers, and residents are required to wear masks inside the shelter. Please note, vaccinations are not required to work, volunteer, or reside at Stepping Stones.

SIGNED _____ **Date** _____

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

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____

**Mail or email your application to: Helen Domenici
(helen@steppingstonesshelter.org) or
Stepping Stones Shelter, PO Box 712, Rockville, MD 20848**

Next Step:

A background check is required if you are age 18 or older. Upon preliminary approval of your application, you will be emailed a link to complete the background check through our vendor, Intellicorp at no cost to you. Upon successful completion of a background check, you will be notified and a volunteer orientation will be scheduled.