



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: _____

Will you be requesting Community Service or SSL hours? ___ Yes ___ No

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**

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**

In case of an emergency, please contact:

Name: _____ Cell Phone: _____ Relation: _____

Please contact **Marcedes Brant** at marcedes@steppingstonesshelter.org with any questions or concerns.

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.

SIGNATURE _____

Date _____

If under the age of 18, parent or guardian consent is required:

Parent or Guardian Name: _____

Parent or Guardian Signature: _____

Date: _____

Please email your application to Mercedes Brant at mercedes@steppingstonesshelter.org.

WHATS NEXT?

Following the initial approval of your application, applicants aged 18 or older will be required to undergo a background check. If this condition applies to you, you will receive an email containing a link to complete the background check process through our trusted vendor, IntelliCorp, at absolutely no charge to you. Once the background check is successfully completed, you will receive notification, and a volunteer orientation session will be arranged for you.

