

Volunteer Application



Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Food Pantry
 Santa Day (December Only)
 Lawn Care or Shoveling Snow
 Commodity Packaging
 Commodity Deliveries
 Front Desk/ Answering Phones
 Cleaning Services
 Giving Hearts Day
 Data Entry

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. All information pertaining to your volunteer work must remain confidential.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Confidentiality Oath

As a volunteer of Red River Valley Community Action, you are assuming the responsibility of maintaining the security of client case information. All volunteers who have contact with clients or access to records are required to sign this confidentiality oath.

I have been informed and understand that all client and employee information and records compiled, obtained, or maintained by me in the course of my duties are confidential. I agree not to divulge or otherwise make known to unauthorized persons any information regarding the same.

In addition, I understand that I am not to read information and records concerning clients, case reports, or any other confidential documents for my own personal information but only to the extent and for the purpose of enabling me to perform my assigned duties.

I understand that a breach of this policy concerning confidentiality may be grounds for disciplinary action and may include termination of my volunteer opportunity.

Printed Name of Volunteer

Signature of Volunteer

Date

Printed Name of Supervisor

Signature of Supervisor

Date