



EMPOWERING ADULTS...CHERISHING CHILDREN

VOLUNTEER APPLICATION

Personal Information

Date: _____

Name	First	Middle	Last
Mailing Address	City		State Zip
Email Address			
Home Phone		Cell Phone	
Birthday (Month & Day only – ex: June 29)			

Employment – if applicable

Employer		Position:	
Work Address			
City	State	Zip	
Work Phone () -	Is it okay to call you at work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Fax () -	
Work Schedule		Years Employed	
Name of Supervisor		Does your employer know you will be volunteering for a not-for profit organization? <input type="checkbox"/> YES <input type="checkbox"/> NO	

Professional References

Please provide three persons not related to you, whom you have known professionally for at least one year.

1. Name	Phone () -	Years Known
Employer	Position	
2. Name	Phone () -	Years Known
Employer	Position	
3. Name	Phone () -	Years Known
Employer	Position	

General Information

1. Are you able to make a 6 month commitment to this volunteer position? YES NO

If no, please explain: _____

2. Do you have any physical limitations we should know about? YES NO

If yes, please explain: _____

3. Have you ever been convicted of a felony? YES NO

4. Are you currently on probation/parole? YES NO

Probation/Parole Officer Name: _____ Phone: _____

5. Please check all areas that are of interest to you:

Emergency Shelter, includes:

Cooking
Grocery shopping
Playing with kids
Sorting/organizing donations & storage area
Spring cleaning

Stepping Stones Thrift Store, includes:

Cashiering
Sorting / pricing
Organizing / cleaning

Business Office, includes:

Filing / Copying / Collating
Working on mailing lists
Preparing packets for shelter programs
Telephone support

Advancement Council, includes:

Public awareness
Fundraising / Events
Public Speaking
Newspaper and photograph archives

6. Please list any additional skills that may be of benefit to your volunteer experience:

7. Please list present and/or past organizations you have volunteered for that we can contact for reference:

Agency Name	Phone () -	Dates
Duties Included:		
Agency Name:	Phone () -	Dates
Duties Included:		

Hours/Days/Frequency Available

Mondays:	Fridays:
Tuesdays:	Saturdays:
Wednesdays:	Sundays:
Thursdays:	

Authorization

Please initial each statement:

- _____ I understand the condition of being a volunteer is to comply with all rules and regulations adopted by or to which Stepping Stones Agencies is subject to under County, State, and/or Federal regulations and statutes.
- _____ Confidentiality: I understand and certify that I will keep confidential the anonymity of all Stepping Stones Agencies residents, Stepping Stones Thrift patrons, Steps To Success clients, fellow volunteers, and the location of the emergency shelter.
- _____ I authorize Stepping Stones Agencies to contact my professional references and past organizations I have volunteered for to obtain information on my character and professionalism (including Probation/Parole Officer, if applicable).
- _____ I authorize Stepping Stones Agencies to publish my name and photograph in all printed materials, public service announcements (radio, T.V., print, etc.) and web site.

In case of emergency, I authorize Stepping Stones Agencies to contact the following person:

Name	First	Last	Phone () -	Relationship

Authorized Signature

Signature:	Date:
Printed Name:	