



**Volunteer Application**

Name: \_\_\_\_\_ Today's date: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ SS#: \_\_\_\_\_

Telephone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_ (Cell) \_\_\_\_\_ DOB: \_\_\_\_\_

Emergency contact:		
Name	Phone	Relationship
_____	_____	_____

How did you hear about CCNN? Website? \_\_\_\_\_ Volunteer Referral Program? \_\_\_\_\_ Friend? \_\_\_\_\_ Other? \_\_\_\_\_

Please give a brief description why you want to volunteer for CCNN:  
\_\_\_\_\_

How many hours a week/month are you available to volunteer? \_\_\_\_\_  
Days and times are you available to work?

Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_ Sat. \_\_\_\_\_

Are you attending school? \_\_\_\_\_ What School? \_\_\_\_\_ Education (highest grade completed): \_\_\_\_\_

What are your past successes in volunteering or work experiences?  
\_\_\_\_\_

Have you had training/experience in any of the following areas? Customer Service \_\_\_\_\_ Food handling \_\_\_\_\_  
Computer/Data Entry \_\_\_\_\_ Computer Programming \_\_\_\_\_ Retail Sales \_\_\_\_\_ Administrative \_\_\_\_\_  
Landscape/Maintenance \_\_\_\_\_ Manual -Labor (lifting) \_\_\_\_\_ other \_\_\_\_\_

Insurance: \_\_\_\_\_ Preferred Hospital: \_\_\_\_\_

References:	<u>Name</u>	<u>Relationship</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Have you ever been convicted of a felony? \_\_\_\_\_ If yes, please explain, (date, disposition) \_\_\_\_\_

I, \_\_\_\_\_, the undersigned Parent/Guardian of the above applicant agree to allow him/her to volunteer at CCNN, and hold CCNN and its agents harmless from all suits, and claims arising out of and in conjunction with volunteering at CCNN.

In case of an accident or illness, the acting supervisor or Volunteer Coordinator has my permission to secure medical attention as deemed necessary if unable to communicate.

I certify that the answers given herein are true and complete to the best of my knowledge. I give Catholic Charities of Northern Nevada the right to secure any information from any source necessary, including a criminal history check as a screening process for volunteering. (Not for those 18 years and under)

Volunteers will be required to read and sign statements acknowledging receipt of the CCNN Safety Manual, Confidentiality Agreement, and Policies & Procedures.

Volunteer/Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Catholic Charities Programs Policies for Volunteers**

We expect that all volunteers will conduct themselves in a courteous, professional manner while serving here at Catholic Charities of Northern Nevada.

### **All Programs**

- \* Please have a positive attitude, use encouraging words, and be polite to all customers, clients, and staff.
- \* Please adhere to the following guidelines in dressing for your shift:
  - \* Clean and ironed clothes.
  - \* Shirts with sleeves only.
  - \* Logos on clothing are acceptable, however, please refrain from the following: graffiti, gang related images, offensive language, or logos.
  - \* Shorts & skirts no more than two inches above the knee.
  - \* Closed toe shoes.
  - \* Tattoos must be covered or approved by your department managers.
  - \* Piercings are allowed in ears only, otherwise must be covered, or approved by your department manager.

### **Thrift Shop**

- \* You are permitted to shop in the Thrift Store on Fridays (in order to receive a discount, given at Thrift Store Manager's discretion) otherwise you may shop anytime.
- \* Shopping is permitted from the floor only, and you must pay at the register, and take merchandise to your car immediately.
- \* If you are on Community Service you may shop when the Community Service is completed.
- \* Please keep your receipt with items purchased.
- \* Thrift Shop Managers only will be allowed to negotiate with customers.

### **Food Pantry**

- \* Food may be removed from the pantry with the Food Pantry managers' approval and at the end of your shift
- \* If you receive a monthly food allocation please request it at the end of your shift using the same process as customers.
- \* Only approved food and beverages may be consumed in the Food Pantry.
- \* Gloves must be worn when handling unpackaged food.
- \* All volunteers use the front Food Pantry doors to enter and exit.

### **Dining Room**

- \* All food that is being removed or eaten must have the Dining Room managers' permission.
- \* Volunteers may eat in the Dining Room. You have permission to jump the Food line, and may enter through the back parking lot and must wear a volunteer or name badge.
- \* Volunteers in the Dining Room must wear closed toed non-slip shoes, plastic aprons, plastic gloves, and hair pulled up or back.

Your signature below indicates you have read, understand, and accept the above policies. Furthermore, you understand that each department may have additional policies.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Policy and Procedure Acknowledgements**

- Work Place Safety, Security, Emergency Response, and Evacuation Plan,
- Confidentiality Agreement
- Sign-in/out, and Call in policy
- Consent for Photographs/Videotapes

*By initialing the items below you are acknowledging that you understand each statement*

\_\_\_\_\_ I have read a copy of the Catholic Charities of Northern Nevada Work Place Safety, Security, Emergency Response, and Evacuation Plan.

\_\_\_\_\_ I agree that any information furnished to me by CCNN or information learned by me in fulfilling my duties, as a volunteer shall be held in the strictest and complete confidence. All confidential information that may come into my possession during my service including copies of such information shall be delivered to CCNN staff without making or retaining copies.

\_\_\_\_\_ As a volunteer at Catholic Charities, it is imperative that we know who is volunteering at any given time. Therefore, it is my sole responsibility to sign in and out each time I arrive or leave. If I am unable to report for duty on time, I will contact my supervisor or the Volunteer Coordinator at least two hours in advance.

\_\_\_\_\_ I give consent for photographs/videotape to be taken by Catholic Charities of Northern Nevada personal or designee. In giving consent I understand that photographs/videotapes maybe used to publicize Catholic Charities programs or activities. I understand that such photographs/videotapes may be used in written or other publications. Also, I understand and agree that neither I nor anyone else on the applications form is entitled to, nor shall receive any compensation or royalties for appearing in these photographs/videotapes.

It is my understanding that failure to follow any of the above policies may result in separation from my volunteer service at CCNN.

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Volunteer Signature	Volunteer Name (Please Print)	Date
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Witness signature	Witness Name (Please Print)	Date
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