



An Equal Employment Opportunity/ Affirmative Action Employer

**VOLUNTEER APPLICATION**

**(Must be 18 years of age to volunteer)**

Prospective volunteers will receive consideration without discrimination because of race, color, religion, creed, gender, national origin, age, Disability, marital or veteran status, sexual orientation or any other legal protected status. Please complete **all** section below.

<b>PERSONAL INFORMATION</b>	(Please Print)	<b>DATE</b>	
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Name: _____ Last                                      First                                      Mid. Int.		<b>Social Security Number (SS#):</b> You will be asked for your SS# when you come in. If you do not know your SS#, please bring your card in with you.
Address: _____		
City: _____ State: _____		E-mail: _____
Zip Code: _____		Home Phone: _____
How long have you lived there? _____ Previous address if less than one year: _____ _____ _____		Business Phone: _____
		Are you willing to work in an environment that prohibits smoking? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>How did you happen to apply?</b>
<b>Volunteer position of interest:</b> <input type="checkbox"/> Tutor <input type="checkbox"/> Mentor <input type="checkbox"/> Laborer <input type="checkbox"/> Entertainer/Teacher <input type="checkbox"/> Party Host <input type="checkbox"/> Other _____
<b>Date available to begin:</b>
<b>Days availability:</b> <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday
<b>Time:</b> <input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> evening
<b>Are there any time periods you will be unavailable to volunteer?</b>
<b>*Have you ever been convicted of a crime?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, state nature of offense, when, where and disposition: _____ _____
<b>Have you ever been employed by us?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please state position, start date, end date of employment and reason for leaving: _____ _____



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## Client Confidentiality

### **Policy:**

It is the policy of the St. Vincent Family Centers to recognize, protect and safeguard the right of the client/family to privacy and confidentiality. As a visitor we expect that you will adhere to our policy while here in the building and after you leave. Breach of this agreement will be handled on a case-by-case basis.

### **Purpose:**

Respect for confidentiality is an essential requirement for the preservation of trust. Our clients and their families deserve the right to be treated with consideration and respect for personal dignity, autonomy and privacy. Therefore it is St. Vincent's underlying responsibility and obligation to do everything in our power to make sure that this right is not violated.

### **Scope:**

The scope of client confidentiality is the protection of information (written, spoken, recorded electronically or printed) from accidental or intentional misuse, modification, mishandling, destruction or disclosure. Information will be protected throughout its life cycle (origination, entry, processing, distribution, storage, and disposal).

### **Your Role:**

To ensure that if exposed to confidential client information, you DO NOT share this sensitive material with others.

### **Signature of Agreement:**

In accordance with the above information a signature binds the individual to adhere to St. Vincent Family Centers Client Confidentiality Policy.

I have read and understand the above Client Confidentiality Policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date