



Volunteer Requirements and Expectations

This document has been developed to help define and clarify the requirements for those individuals wishing to volunteer with the various programs at Project Understanding.

Volunteer Requirements:

A Volunteer application and screening process must be completed prior to volunteering.

Volunteers must be able to meet the physical demands of their job.

Current clients cannot be volunteers.

(Exceptions to this rule are clients actively involved with a program at Project Understanding or in some way affiliated with a program at Project Understanding. Volunteer opportunities will be at the discretion of the Program Manager(s).)

Volunteers may not have convictions involving children or Domestic Violence cases.

Volunteers in Sober Living Homes must have either written permission from the House Manager or the House Manger must speak with the Program Manager approving the assigned hours to volunteer in any Program.

Project Understanding has a zero tolerance for drug or alcohol use during volunteer hours. If a volunteer is suspected of drug or alcohol use or is visibly under the influence of drugs or alcohol during volunteer hours, they will be asked to leave the premises. After 2 incidents the volunteer will no longer be able to volunteer.

Volunteer Expectations:

To support the mission and vision of Project Understanding.

To follow the guidelines and procedures set forth by Project Understanding. Volunteers will be held to the same operational standards, policies and client confidentiality as paid staff.

To follow basic office courtesies, such as but not limited to:

Notifying the Program Manager if running late, or unable to work due to illness

Notify the Program Manager in advance of any "days off"

Work the entire number of hours as scheduled

To follow the same dress code as staff, especially those codes directly related to the safety of clients and/or staff.

To treat all Project Understanding staff, clients and volunteers with respect and dignity at all times.

Volunteers not following the above requirements and expectations are subject to dismissal after review by the Program Manager

I have read, understand and agree to the above volunteer Requirements and Expectations. _____

(initial here)



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VOLUNTEER APPLICATION

All information in this document is confidential.

Please print clearly.

Name/Last _____ First _____ Middle _____
(Use legal name)

Address _____ Apt. # _____

City _____ State _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

Male / Female _____ Date of Birth _____ Physical Limitations _____
(Circle One) (Month/Day/Year) (Be specific; if none, write none)

IN CASE OF EMERGENCY, PLEASE NOTIFY

1) Name _____ Relationship _____ Day Phone () _____

2) Name _____ Relationship _____ Day Phone () _____

VOLUNTEER EXPERIENCE/SKILLS

Do you speak another Language? No Yes Which Language _____

Education (highest level) _____ Name of School _____

Have you volunteered before? Yes No Position _____

Describe the work _____

Agency _____ Address _____

Phone () _____ May we contact the Agency? Yes No

Availability: Hours _____ Preferred Days _____ Geographic _____
per week/month (specify) of the week (specify) Preference (specify)

Area of Interest Pantry Client Services Tutoring _____
(Please specify tutoring site location)

EMPLOYMENT HISTORY

Name of current employer _____ Phone () _____

Address _____ Date Employment Began _____

Name of Supervisor _____ Job Title _____

May we contact employer? Yes No Description of duties _____

REFERENCES (Personal or professional; not a relative)

Name _____ Relationship _____ Phone (_____)

Address _____

Name _____ Relationship _____ Phone (_____)

Address _____

CRIMINAL HISTORY

Have you ever been convicted of a misdemeanor or felony, or are any misdemeanor or felony charges pending against you? NO ____ YES ____ If yes, please explain below.

(Note: Answering yes will not automatically prohibit individuals from becoming volunteers, but will be considered with respect to time, circumstances, seriousness and relationship to volunteer responsibilities. Some volunteer positions may require a background check. If you are selected for one of those assignments, you will be provided with a separate criminal background check authorization form.)

Project Understanding acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, or marital status.

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Project Understanding. I also give Project Understanding my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian _____ Date _____

Printed name of Parent/Guardian _____

My signature below certifies that all statements made on this application are true, complete and correct to the best of my knowledge and belief. I understand these statements are subject to verification. I understand that falsification on this application can disqualify me from consideration or result in my volunteer services being denied. Furthermore, my signature below provides my authorization to Project Understanding to conduct driver license and motor vehicle record checks as needed, as well as reference checks to determine my suitability for placement.

I hereby release all parties from any liability for furnishing this information.

Signature of Applicant _____ Date _____