



PLEASE READ BEFORE COMPLETING THIS APPLICATION

Hope's Door New Beginning Center does not discriminate in the recruitment and placement of volunteers based on race, color, religion, national origin, sex, marital status, disability or age. No question on this application is intended to secure information to be used in a discriminatory manner. Your completed application will be reviewed carefully; however, its receipt does not imply that you will be utilized. Volunteer coordination necessitates that you meet all conditions required for the position for which you are applying.

Group Volunteer Application

Date:

Group Contact Information

Group Name:

Type of Group: Church Business School
 Civic Group Other

Age Groups: Under 13 13-18 19-65 65+

Number of Volunteers in Group:

Under 13	13-18	19-65	65+

Group Leader's Name:

Title:

Phone #:

Alt Phone #:

E-mail:

Website:

Mailing Address:

City:

St:

Zip:

Group Volunteer History

Has your group volunteered at our agency before? Yes No

If yes, please answer the following:

When did you volunteer?

What type of service did you provide?

Group Policies and Procedures

1. We ask that all volunteers:
 - Perform volunteer duties to the best of their abilities.
 - Adhere to agency rules and procedures, including record-keeping requirements, and maintaining confidentiality regarding the location of the shelter and staff/agency/client information.
 - Remain non-judgmental in dealing with others.
 - To communicate with the Volunteer Coordinator regarding any concerns or issues.
2. Unless otherwise notified, groups will be responsible for providing the following:
 - Food and beverages for your volunteers.
 - Any resources needed (i.e. arts & crafts, games, paint, tools, etc.)
 - Statement of confidentiality forms completed for all volunteers.
 - Completed group application.
 - Completed background check forms for all volunteers (if applicable, see #3)
 - At least 24-hour notice of cancellation.
3. Background checks are required for all volunteers 18 years of age and older. Go to www.hopesdoorinc.org/volunteer to access the link for the background check.
4. HDNBC will promote events for clients (i.e. kid's activity days, make-overs) to the best of our ability, however we cannot guarantee attendance. If attendance is too low, you will be asked to either reschedule the event or assist in other areas during the scheduled time. HDNBC will notify you regarding attendance within 24 hours of the scheduled group day.
5. Taking photographs of your group volunteering with us is allowed, however we ask that you keep the following rules in mind:
 - Do not take photos of any client, regardless of verbal consent
 - Do not take photos of the front of the shelter, or anything that may be identifiable from the street

Signatures

Group Contact Signature

Date

Staff Representative Signature

Date

Group Contact must be over 18 years

Hope's Door New Beginning Center

STATEMENT OF CONFIDENTIALITY

As an employee or volunteer of HDNBC, I will not disclose, divulge, or release client-identifying information without securing the client's legal consent. This shall include, but not be limited to the following:

- Discussing client identifying information with individuals not employed by or volunteering for the center.
- Discussing client identifying information with other clients.
- Discussing client identifying information with HDNBC staff or volunteers not directly involved in the client's care and treatment.
- Discussing specifics related to the client's care and treatment that a person of ordinary prudence would be able to identify by association.
- Discussing client identifying information or case specifics in unsecured areas (i.e., employee lounge, hallway, lobby, etc.)
- Discussing case specifics or sharing client identifying information with other agencies unless otherwise authorized by an official memorandum of understanding.

Client identifying information will not be visible in a public area (for example: calendars, computer screens, or printouts). Records will not be left exposed in public areas.

Computerized client identifying information will be treated with the same regard for confidentiality and/or access as written information.

I will not disclose the location of the shelter at any time without prior approval from the CEO/Executive Director.

By my signature, I do hereby acknowledge my understanding of the provisions listed on this document and am aware that failing to comply with these provisions may lead to disciplinary action, up to and including termination as an employee and/or volunteer. I am aware that I must continue to keep client identifying information confidential in perpetuity after I cease to volunteer and/or leave the employment of Hope's Door New Beginning Center.

Print Employee/Volunteer Name

Employee/Volunteer Signature

Date