



## Volunteer Application

Our organization encourages the participation of volunteers who support our mission:

**Kearney Jubilee Center is a non profit, ecumenical, community-based organization aimed at providing the most basic of human needs while advocating for social justice. We strive to maintain client dignity while offering supportive services in the areas of food, clothing, rent and utility assistance and medication assistance.**

If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Any special talents or skills you have that you feel would benefit our organization?

\_\_\_\_\_

Do you have any physical limitations that may limit your volunteer activities? Yes / No

If yes, please describe: \_\_\_\_\_

Please indicate the days available: Mon Tue Wed Thu Fri Sat

Times available: From \_\_\_\_\_ to \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Have you ever been convicted of a crime? (If yes, please explain the nature of the crime and the date of the conviction and disposition.) Conviction of a crime is not an automatic disqualification for volunteer work.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## References

Please list three people who we may contact who are not family members. You may include employers, teachers, religious leaders, or others whose relationship to you is more than a personal friend, and over 18 years of age.

Name/Organization	Relationship to you	Length of relationship	Phone number

*As a volunteer of the Kearney Jubilee Center Thrift Store and Food Pantry, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.*

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



### Personal Information for Background Checks/Investigations

The Kearney Jubilee Center Thrift Store and Food Pantry conducts driving and national background checks and/or investigations on volunteer applicants. A conviction does not automatically bar an individual from volunteering. Each case will be considered individually. To complete the process, the information below is required.

_____		_____	_____
Print Name (Last, First, Middle Initial)		Social Security Number	Birthdate
_____		_____	_____
Place of Birth	Sex	Height	Weight
_____		_____	_____
Driver's License Number	Expiration Date	E-Mail Address	

Have you ever been convicted, served probation or pretrial diversion for a violation of the law other than a minor traffic violation?      Yes      No  
If yes, please provide details and specific dates (month and year).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

_____	_____
Signature	Date

I certify that the above information is true and complete to the best of my knowledge. I authorize a complete background investigation based on the information I have provided.



## Confidentiality Agreement

Confidentiality of client information is a fundamental individual right upheld by Kearney Jubilee Center Thrift Store & Food Pantry. All volunteers are expected to protect client confidentiality, privacy and security.

Volunteers may have access to confidential information including, but not limited to:

- Client's personal information
- Identifying client demographic information such as name, address, phone, etc.
- Information about program staff

### Privacy, Confidentiality, and Security definitions:

- **Privacy** refers to the right of individuals to keep information about them from being disclosed to anyone.
- **Confidentiality** means we have an obligation to prevent others from accessing information about families without their permission.
- **Security** means we control access to paper or computer files, which contain private information.

The premise for client information confidentiality, privacy and security is based on two beliefs:

1. Individuals have a fundamental right to control the disclosure and use of information about themselves.
2. Information about an individual, revealed to some other party not willingly designated by the individual, may be used to harm his or her interests.

Client's confidential and private information may come directly from a client and/or family/ caregiver interview, the paper client record or the computerized client record.

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Signature

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Date

**FOR OFFICE USE ONLY**

<u>Task</u>	<u>Date</u>	<u>Completed</u>	<u>Staff Initials</u>
Application Received	_____	Yes / No	_____
Interview	_____	Yes / No	_____
References Called	_____	Yes / No	_____
Background Check	_____	Yes / No	_____
<b>Approved</b> <b>Yes / No</b>	_____		_____
Orientation	_____	Yes / No	_____
~Expectations___ relevant policies___ confidentiality___ sign-in book___ name badge___			
Tour	_____	Yes / No	_____
Staff Introductions	_____	Yes / No	_____
Schedule Confirmed	_____	Yes / No	_____

**Notes:**

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