



317-674-8777 | 1250 Conner St Noblesville IN 46060
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 lisa@scofhc.org

Volunteer Application

Contact Information

First Name _____ Last Name _____ Today's Date _____

Street Address _____ City/State/Zip _____

Home # _____ Cell # _____

Date of Birth _____ E-mail Address _____

Emergency Contact Name _____ Relationship _____ Phone # _____

Work History Are you currently employed? Y N Current Job Title _____

Company _____ Dates of Employment _____

If retired, previous employer/job title _____

Education Are you currently a student? Y N

High School _____ Year of Graduation _____

College _____ Year of Graduation _____

Are you volunteering to fulfill community service hours? Y N If yes, state reason _____

How did you hear about the Shepherd's Center? _____

Do you have prior volunteer experience (not required)? Y N If yes, please complete below:

Organization/Program Name	Address/Phone #	Service Provided	Dates of Service

If you fluently speak any other languages other than English, name the language(s) _____

Availability (Please mark days/times that work best with your schedule to volunteer):

_____ Weekdays Specify days and times: _____

_____ Evenings Specify evenings and times: _____

_____ Weekends Specify days and times: _____

_____ Holidays Specify days and times: _____

Please check all areas of service that interest you:

_____ **Group volunteer opportunities:** Opportunities range from painting, window washing, and yard work to housecleaning, specific holiday activities, and more

_____ **One-on-one volunteer opportunities:** Opportunities range from home repair/maintenance (housecleaning, yard work), friendly visitation, transportation, etc. Included below are specific opportunities available for one-on-one volunteering. Please mark your preferences.

___ Light Home Repair/Maintenance: Volunteer may assist with light house cleaning, changing light bulbs, yard work, painting, etc.

___ Friendly Visitor: Volunteer is matched with a senior on an on-going monthly basis. This commitment may range from once a week to once a month and could include providing emotional support, friendly phone calls/in-home visits, escorting to occasional errands/appointments, etc.

___ Transportation: Volunteer drives older adult to appointments, running errands to grocery/post office, etc.

___ Phone Pal: Volunteer provides friendly support and reassurance to senior by telephone.

___ One-time Assistance: Entails special instances where volunteers assist clients on a one-time basis. May involve transportation, moving assistance, etc.

_____ **Guardianship Volunteer Advocate:** Volunteer Advocates are paired with an adult under guardianship to help monitor their care plan and ensure the highest degree of independence, dignity, health, comfort, and safety is maintained. Advocates work closely with care team and court to monitor client's well-being.

_____ **Together Today Volunteer:** Volunteer to share special talents, interests, or knowledge at our weekly Together Today program on Tuesdays. This may include sharing your knowledge/passions through serving as a guest speaker, leading a book club group or arts & crafts group, assisting with program activity planning/coordination, etc.

_____ **Office/Fundraising:** Volunteers to provide general office/administrative support; volunteers to assist with fundraising activities and planning

Please check/complete the following:

Would you consider being matched with a person that is blind and/or disabled? Y N

Do you prefer assisting/visiting with: Men Women Couples No preference

Would you be willing to visit someone with pets? Y N Exceptions _____

Do you have allergies or conditions that would limit your ability to volunteer in someone's house? Y N

If yes, please describe _____

Specific skills, talents, or hobbies you'd like to share

Why do you want to work with the elderly?

References

Please provide (3) references, including at least one professional/direct supervisor during the past year. Do not list family members.

Name	Phone #	E-mail Address	Relationship	How long has this person known you?

Transportation (Please complete if you plan to transport a client)

Do you own a car? Y N If yes, name of Auto Insurance Company_____

Policy Number _____ Expiration Date _____

What type of transportation will you use? _____

Volunteer Release and Waiver of Liability

As a volunteer, I am in favor of the work of Shepherd's Center of Hamilton County (SCHC), an Indiana nonprofit. I desire to work as a volunteer for SCHC and engage in the activities related to being a volunteer. I understand that the activities may include construction and rehabilitating residential buildings or other sites. I hereby freely, voluntarily, and without duress execute this Release under the following terms:

Waiver and Release: Volunteer does hereby release and forever discharge and hold harmless SCHC and its employees, directors and other volunteers and clients and directors from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from volunteer's work for SCHC.

This release discharges SCHC from any liability or claim with respect to any bodily injury, personal injury, illness, death, or property damage that may result from volunteer's work for SCHC caused by mishap or negligence. SCHC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

Medical Treatment: Volunteer does hereby release and discharge SCHC from any claim whatsoever that arises on account of any first aid, treatment, or service rendered in connection with the volunteer's work for SCHC.

Assumption of the Risk: The volunteer understands that the activity may be hazardous to the volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from the work sites.

Volunteer assumes the risk of injury or harm in these activities and releases SCHC and its employees, directors and other volunteers and clients from all liability for injury, illness, death, or property damage resulting from the activities of the volunteer's work for SCHC.

Insurance: The volunteer understands that SCHC does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected to obtain his or her own medical or health coverage.

Media Release: Volunteer does grant and convey unto SCHC all right, title, and interest in any and all photographic images and video or audio recordings made by SCHC during the volunteer's work for SCHC, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Confidentiality Policy: Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a staff, volunteer, client or other persons involved in SCHC. Failure to maintain confidential it may result in the termination of the volunteers' relationship with SCHC.

Other: Shepherd's Center of Hamilton County does not insure volunteers going to or from the client's homes or if a Volunteer chooses to take clients into their personal vehicles. It is understood that the Volunteer has personal automobile coverage and a valid driver's license for these occasions and holds Shepherd's Center of Hamilton County harmless from any injury from travel or related activities regarding participation in this program or activity.

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I will also complete a separate authorization form for a criminal history record check.

I declare that all the information that I have provided on this application is true, and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Shepherd's Center of Hamilton County. I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

I agree to accept the responsibilities described in my job description if I am accepted to become a volunteer. I agree to sign and abide by the agency confidentiality statement.

I will not receive any monetary gifts for my donated time or for transportation expenses.

Name of Volunteer (printed)_____

Signature_____

Date_____