Project Concern of Cudahy-St. Francis Volunteer Welcome

Your Start Date is ____/____/____

Full Name:_____

       First   Middle Initial   Last   Preferred Nickname

Thank you for volunteering at Project Concern. Below are guidelines to be followed:

1. Have fun!
2. The pantry cannot discriminate and must ensure the civil rights of all patrons, volunteers & employees. All employees & volunteers working directly with patrons must have civil rights training.
3. Our Project Concern of Cudahy-St. Francis Volunteer Handbook contains all the information you will need concerning issues such as dress code, breaks, safety, etc. Please read the handbook and ask any questions you may have.

Confidentiality Policy:

Protecting the rights and privacy of our patrons is very important so please read Project Concern's confidentiality policy very carefully.

By signing you agree to:

- Acknowledge organization records, files and information contained in Project Concern's management information system is privileged and not to be accessed, discussed or distributed.
- Keep all patron information confidential by not discussing or sharing any personal information with anyone, unless a staff supervisor authorizes the access or discloser of information for official duties only.
- Not reproduce or remove any agency files, records, documents (written or electronic), unless you have supervisory authorization.
- If you know a patron, staff member or volunteer from another organization with a confidentiality policy (e.g. NA, AA, and Support groups) you should honor that policy and not disclose that information.
- Do not approach, acknowledge or engage patrons in conversation or socialization outside of the pantry unless a patron approaches you first.
- Acknowledge that failure to comply with these policies may result in disciplinary action, including immediate dismissal.

No-solicitation/distribution policy:

Project Concern has a no-solicitation/distribution policy. This prohibits employees and volunteers from engaging in political activity like passing out leaflets, signing recall petitions and nomination papers on the pantry premises. Consistent with our mission, advocacy to support issues to promote pantry patrons services is allowed and even encouraged.

Please sign here to signify you have read and understand the confidentiality and no-solicitation policy and that you have received a Project Concern Volunteer Handbook. (*Please check when Handbook is given* ☐)

_____
Signature   **Date**

Start Date: _____

Project Concern of Cudahy-St. Francis
Prospective Volunteer Profile

Thank you for the interest you have shown in volunteering at Project Concern.
Please take a few minutes to complete the following information:

Full Name:_____
First   Middle Initial   Last   Preferred Nickname

Current Address: _____
Street   City   Zip

Former Address: (if any within the previous 5 years)

_____
Street   City   Zip

Phone:_____**Email:** _____

Emergency contact: _____
(Name)   (Relationship)   Contact #)

Preferred Contact Method: (Please circle one) Phone   Email   Standard Mail

Full Birth Date: _____/____/_____ (month, day, year) **Maiden Name:** _____
A background check will be done on all volunteers 18 yrs. & over.

Skills or talents: _____

_____

Languages Spoken: _____

Desired position or experience: _____

_____

Days and Hours available: _____

Date Received Handbook ___/___/_____

(Circle) *Volunteer (*do not track hours*)*   *Service* (track hours*)*

Annual Background Check ___/____   ___/____   ___/____   ___/____   ___/____   ___/____

___/____   ___/____   ___/____   ___/____   ___/____   ___/____   ___/____   ___/____

Photo Release Form

I understand that I have been part of a video/photo shoot for print advertisement, brochure, or other appropriate business use, as well as for distribution in electronic form, including display on any web pages and video created by Project Concern of Cudahy-St. Francis Inc. I further understand that the numbered use of this photo is infinite, Project Concern of Cudahy-St. Francis Inc. has my permission to use any photo in which I appear for whatever use they deem necessary. I understand that I will not be paid or receive any monies for my appearance and I release all parties from obligation.

Print Name of Person(s) in
Photo:_____

Adult/Parent/Guardian
Print
Name:_____

Adult/Parent/Guardian
Signature:_____

Date:_____

Home Street Address:_____

City, State, Zip:_____

Phone:_____