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:_____________________________________________________

People Helping People...