Project Concern of Cudahy/St. Francis

Volunteer Application

TODAY'S DATE: _____ / _____ / ____________

*Project Concern is an equal-opportunity, non-profit organization, and due to the nature of our service, we have both a Confidentiality Policy and a No-Solicitation/Distribution Policy. Please read both policies below and sign and date at the bottom of this page. By signing, you agree, as a volunteer, to abide by these policies.

Confidentiality Policy

Protecting the rights and privacy of our patrons is very important at Project Concern. Please read the policy carefully.

• All organization records, files (including electronic files) and other information contained on our premises are privileged and private, and are not to be accessed, discussed or distributed.
• All patron information must be kept confidential by not discussing or sharing any personal information with anyone, unless a staff supervisor authorizes the access or disclosure of information for official duties only.
• If you know a patron, staff member or volunteer from another organization with a confidentiality policy (i.e., NA, AA, support groups…) you should honor that policy and not disclose that information.
• Do not reproduce or remove any agency files, records, documents (written or electronic) or other information unless you have supervisory authorization.
• Do not approach, acknowledge or engage patrons in conversation or socialization outside of the pantry unless the patron directly engages you first.
• Failure to comply with this policy may result in volunteer dismissal.

No-Solicitation/Distribution Policy

Project Concern has a no-solicitation/distribution policy. This policy prohibits employees and volunteers from engaging in political, religious or similar activity here at the pantry, such as, but not limited to, passing out leaflets, signing recall petitions, nomination papers, etc.

___________________________   ________
Print Full Name                                       Signature                                        Date
Thank you for your interest in volunteering with us! Please fill out as much of the information below as you can so we can best utilize your help.

Full Name _________________________________________________________

First       Middle Initial       Last     Preferred Nickname

Current Address ____________________________________________________

Street                   City                      Zip

Phone (       ) _______________   Email ________________________________

Emergency Contact _________________________________________________

Name                                                    Relationship                      Phone #

*Date of Birth _____ / _____ / ___________ * Background check will be done on all volunteers 18+

Skills & Experience _________________________________________________

__________________________________________________________________

Languages Spoken _________________________________________________

Desired Position / Role _____________________________________________

__________________________________________________________________

Days and Times Available ___________________________________________

*Name of company you retired from or currently work for________________

*Information is used to apply for grants from industry/company foundations such as Johnson Controls, WE Energies and others.

______________________________________________________________

OFFICE USE ONLY:

Date of Background Check ________________________________   Rev 4/2020