

Volunteer Application and Agreement Form

Date ____ / ____ / ____

Last name: _____ First name: _____

*Name of parent or guardian if under 18 years: _____

Date of birth: ____ / ____ / ____

Address: _____

City _____ State _____ Zip Code _____

Phone (Home) _____ (Cell) _____

Email: _____

Company or volunteer group name: _____

Do you have any friends/family members who are employed or volunteer here? ____ Yes ____ No

When are you available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____ Holidays only _____

Types of volunteer work you think you'd be most comfortable with:

____ Loading/unloading trucks ____ Cleaning

____ Working one-on-one ____ Food and bread distribution

____ Sort and organize clothing ____ Outreach events

____ Other (please specify) _____

List your past volunteer experiences:

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

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Have you been convicted of a crime? ____ No ____ Yes

If yes, please describe: _____

Volunteer Code of Conduct

To assure orderly operations and to provide the best possible volunteer experience, Gates of Hope asks and expects volunteers to follow rules of conduct that will protect the comfort and safety of all volunteers, employees, clients and visitors.

- Always report client challenges or problems to a Gates of Hope overseer and do not try to resolve or defuse the situation on your own.
- Follow all posted and verbal Food Safety Rules
- Adults bringing young people to volunteer at Gates of Hope must keep them safe at all times and on site, not allowing them to wander around or leave the facility unsupervised.
- Whenever possible let a Gates of Hope overseer know 24 hours in advance if you will not be able to be on time or you will not make it for your shift.
- Follow all directions given by staff and overseers of Gates of Hope.
- Refrain from alcohol and drug use while volunteering.
- Volunteers who receive food and other goods for personal use will abide by the posted rules.
- We ask that you please be respectful and refrain from yelling, harsh language, swearing, spitting, throwing object or leaving a mess in your area.

Dress Code Policy

The following types of clothing are considered unacceptable and if any volunteer coming here to Gates of Hope dressed in these types of clothes they will be asked to change or will be sent home.

- Clothing that has vulgar or offensive pictures, images or gang symbolism.
- Clothing that is too revealing. (Left to a Gates of Hope Overseers discretion)
- Sagging pants will not be tolerated here, please bring a belt with you to wear while performing your service.

Code of Conduct Continued

Failure to comply with any part of the expected Code of Conduct will be addressed by a Gates of Hope overseer for disciplinary action. The following behaviors are considered unacceptable here and will not be tolerated and may result in suspension or termination of the volunteer position at once.

- Fighting or threatening violence.
- Theft of Gates of Hope property, or belongings of staff, clients or from other volunteers.
- Breaking and entering into Gates of Hope facilities, vehicles or other property.
- Negligence or improper conduct leading to bodily harm, damage of agency, other volunteers, clients or property.
- Refusal to comply with reasonable instruction/direction or other disrespectful conduct, including making false, vicious or malicious statements concerning any overseer, volunteer, client, or the agency or its services.
- Any form of harassment (verbal, physical, sexual) or confrontation towards clients, volunteers or staff.
- Possession of dangerous or unauthorized materials, such as explosives or firearms while volunteering.
- Allowing non-volunteers to enter Gates of Hope facilities without supervisory permission.
- Not following safety rules, regulations, code of conduct or procedures

I have read the above and agree to follow these rules.

Name: _____

Signature: _____ Date ____/____/____

Confidentiality Agreement

All volunteers who work entering data in the database(s) and filling out forms understand that all client/donor information including addresses, phone numbers and email addresses are the property of Gates of Hope and agree to never capture or remove this information for their personal use or gain or for the gain of any non-Gates of Hope entity.

Volunteer initials: _____ Date ____/____/____

Volunteer Agreement and Waiver Release

This agreement is between the person signed below ("Volunteer") and Gates of Hope Inc("GOH"). Volunteer hereby offers his/her services to GOH to include, but not limited to, volunteering with GOH's outreach to homeless and poor people through the distribution and delivery of food (which may or may not use GOH vehicles), performing construction or maintenance on GOH property, buildings, and fixtures, as well as volunteering in any other GOH program or project it offers from time to time. As a condition of my being accepted as a GOH volunteer and allowed to perform the Volunteer Services, I hereby agree to the following:

I acknowledge and agree that the nature of the volunteer services which are typically performed by an GOH volunteer, may involve (a) physical activity (including without limitation work with heavy materials, such as loading and unloading trucks, working with tools.), (b) contact with unidentified, unfamiliar, and unpredictable persons and animals (c) travel to and from various unspecified locations, and (d) other potential risk of injury. I willingly and freely agree to volunteer and hereby assume any and all hazards or risk associated with the Volunteer Services, including without limitation risk of accident, personal injury, or death to my person or property which I may sustain in connection with my participation as a GOH volunteer in any GOH related project or activity.

The undersigned hereby releases and covenants not to sue GOH and its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, volunteers, guests and affiliates from all liability, claims, suits, damages or cause(s) of action, whether known or unknown, arising out of or based upon or relating to my participation as an GOH volunteer in the Volunteer Services or any other GOH related activity or project for any and all property damage, personal injury or death sustained by me or my minor child. I will indemnify and hold harmless GOH from any loss, liability, damage, cost or expense that they may incur as the result of any property damage or injury or death me or my child may sustain while acting as a GOH volunteer.

Having read this *Volunteer Agreement and Waiver/Release Form*, I agree to the terms and conditions expressed herein. I'm at least 18 years old and I agree to all the terms and conditions above. I'm the parent or guardian of named minor below, and I agree to all the terms and conditions above.

Additional Family Member(s) (Under 18) Name(s) _____

First name _____ Last name _____

Signature _____ Date ____/____/____

I understand that:

- Submitting an application does not guarantee.
- I will be appointed a volunteer position.
- We may request an interview to get to know you a little more before we make a final decision on accepting your application.
- All volunteers must fill out an application. “walk in volunteers” will not be able to volunteer in any capacity until we receive and review their completed application.