



VOLUNTEER APPLICATION

Contact Information

Name	
Street Address	
City, St., Zip Code	
Phone (Cell/Home)	
E-Mail Address	
Date of Birth	
Are you at least 18 yrs. old?	Yes ___ No ___ (Volunteers under 18 must be accompanied by an adult and have a parent/legal guardian's permission to participate.)
Are you bilingual?	Yes ___ No ___ Languages Spoken:

Availability

Are you interested in one-time or ongoing volunteer work?	
If ongoing, how long/often are you interested in volunteering?	
During which hours are you available for volunteer assignments?	
Mornings: 7am – 12pm	M ___ T ___ W ___ TH ___ Special Events ___
Afternoons: 12pm – 4pm	M ___ T ___ W ___ TH ___ Special Events ___
All-day: 7am – 4pm	M ___ T ___ W ___ TH ___ Special Events ___

Interests

Tell us which areas you are interested in volunteering:		
___ Front Desk (9am-2pm)	___ Clerical/Data Entry	___ Driver for Clients
___ Sorting Room	___ Dinner Distribution	___ Grocery Pick-up
___ Morning Services	___ Fundraising/Marketing	___ Other/ Special Events
___ Kitchen	___ Pantry	

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment or through other activities, including hobbies or sports. List previous volunteer experiences.

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Emergency Contact

Name	
Street Address	
City, St., ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Relationship	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal and give full permission for any necessary verification.

Name (printed)	
Signature	
Date	

Would you like to receive e-mails about upcoming events, new volunteer opportunities, and our quarterly newsletter?

Yes ___ No ___



CONFLICT OF INTEREST / CONFIDENTIALITY STATEMENT

Conflict of Interest

The standard of behavior at The Simi Valley Samaritan Center is that all staff, volunteers, and board members scrupulously avoid any conflict of interest between the interests of The Simi Valley Samaritan Center on one hand, and personal, professional, and business interests on the other. This includes avoiding actual conflicts of interest, as well as perceptions of conflicts of interest.

- I will not participate in any activities that are a conflict of interest to The Simi Valley Samaritan Center and its constituents. This includes, but is not limited to making a decision where I, my family and/or my significant other, employer, or close associates will receive a benefit or gain.
- I am aware that any relationships formed with clients are to remain professional as it would be a conflict of interest between my role as a volunteer and the Simi Valley Samaritan Center. Such relationships include, but are not limited to: giving money to clients, gossiping about clients, and partaking in romantic relationships with clients.

Confidentiality

During my time volunteering at The Simi Valley Samaritan Center, I understand that I may be exposed to or have access to sensitive information regarding the Simi Valley Samaritan Center's clients, staff, board, volunteers, donors, systems, business plans, and finances.

- As a volunteer, I will protect/keep private such information by agreeing not to release or disclose this information to any parties who do not have authorization to receive it. These parties include, but are not limited to: my family, friends, the public, clients, other volunteers, and donors.
- Any questions regarding the release of such information I will direct to my supervisor, a staff member, or the Executive Director.
- I will not attempt to access such information without prior authorization from my supervisor or the Executive Director.

By initialing above and signing below I agree to the conflict of interest/confidentiality statements laid out in this document. I am aware that if I am found to be in violation of any of these statements, my term of volunteering may be terminated.

Signature of Client or Volunteer

Print Name of Client or Volunteer

Date



RELEASE OF LIABILITY WAIVER/MEDIA RELEASE AGREEMENT

Release of Liability

I expressly warrant that I am capable of withstanding both the physical and mental demands of such activities as: sorting clothing, sorting food, cleaning the property, working on the property, helping with special projects, driving on behalf of The Samaritan Center of Simi Valley, and working with clients.

I acknowledge that there are certain risks associated with the activities, including, by way of example, physical injury due to activity-related accidents and/or transportation-related accidents, illness, or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

I also expressly assume all risks for myself when participating in the activities, whether such risks are known or unknown to me at this time. I further release The Samaritan Center of Simi Valley and its leaders, employees, volunteers, clients, and agents from any claim that I may have against them as a result of injury or illness incurred during the course of participation in the activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of my family or estate, heirs, representatives, or assigns may have against The Samaritan Center of Simi Valley or its leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless The Samaritan Center of Simi Valley and its leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of The Samaritan Center of Simi Valley to seek and secure any needed medical attention or treatment for me, including hospitalization, if in the agent's opinion such need arises. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery. I agree to pay all fees and costs arising from this action to obtain medical treatment.

Medical Conditions/Allergies/Special Needs and information (allergies, conditions, dietary needs, medications, behavioral issues, etc. to be aware of):

Media Release Agreement

- By checking here, I also authorize The Samaritan Center of Simi Valley to include me in pictures for promotional purposes of events I may participate in. I understand that my name will not be published with any pictures I am in.

By signing below I authorize that I have read, understand, and agree with the statements on this page as it applies to my volunteer work with The Samaritan Center of Simi Valley.

Signature of Client or Volunteer

Print Name of Client or Volunteer

Date



The
Samaritan Center
restoring lives

FOR USE ONLY IF THE PARTICIPANT IS A MINOR

I represent that I am the parent/legal guardian of _____, who is under 18 years of age. I have read the above Permission/Waiver Form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of **The Samaritan Center of Simi Valley**, including any special events/activities described above. In consideration for allowing the participation of the child in the activities of **The Samaritan Center of Simi Valley**, I hereby consent to the Permission / Waiver Form, including the **Release of Liability** above, on behalf of the child and agree that this Permission/Waiver Form shall be binding upon me, my family, heirs, legal representatives, successors, and assigns.

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Date

Parent/Legal Guardian Designee Disclosure

I represent that I am the parent/guardian of _____. I understand they are to be accompanied by an adult (18 years of age or older) at all times; I will not be accompanying my child during their volunteer work with **The Samaritan Center of Simi Valley**. I hereby designate _____ to be my child's supervisor in my absence and on my behalf.

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Date

Please return completed and signed permission/waiver form to:

ATTN: Reyna Hernandez, Volunteer Coordinator
The Samaritan Center of Simi Valley
280 Royal Ave., Simi Valley, CA 93065
Email: reyna@samcentersv.org • Phone (805) 579-9166