



# St. Joseph Center Student Volunteer Application

*Our mission is to provide working poor families, as well as homeless men, women and children of all ages, with the inner resources and tools to become productive, stable and self-supporting members of the community.*

**DATE:** \_\_\_\_\_

## **CONTACT INFORMATION:**

Name: \_\_\_\_\_ Birth Date: M\_\_ D\_\_ Y\_\_\_\_ Age: \_\_\_\_\_

Female: \_\_\_\_\_ Male: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

## **SCHOOL INFORMATION:**

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Teacher/Administrator: \_\_\_\_\_ Position: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Number of required service hours: \_\_\_\_\_ needed by: \_\_\_\_\_

## **PARENT/GUARDIAN: (required if volunteer is a minor)**

Parent 1: \_\_\_\_\_

Parent 2: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Phone: Home: \_\_\_\_\_

Work: \_\_\_\_\_ Cell \_\_\_\_\_

Work: \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

## **PREFERRED CONTACT: (To be filled out by parent. Please check one in each column.)**

Student

Phone

Parent/Guardian

Email

Both

## **LOCAL EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: Primary: \_\_\_\_\_ Secondary: \_\_\_\_\_ Email: \_\_\_\_\_

## **Health Care Provider or Medical Doctor:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

May we call your health care provider if you become ill? Please Circle: Yes No

**QUESTIONNAIRE:**

How did you hear about St. Joseph Center?

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Please list any previous volunteer experience.

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Do you know any languages besides English? Please specify: \_\_\_\_\_

Bilingual

Basic Conversational

**AVAILABILITY AND INTEREST:**

Please indicate times you are available to volunteer or mark day as not available (n/a)

Available beginning \_\_\_/\_\_\_/\_\_\_ through \_\_\_/\_\_\_/\_\_\_ or \_\_\_ Ongoing

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*
AM							
PM							

\*Weekends: Thrift Store and Mentoring Only

**ST. JOSEPH CENTER PROGRAMS:**

**Volunteer Opportunities:** Refer to the Volunteer Opportunities section on the Volunteer page of [www.stjosephctr.org](http://www.stjosephctr.org) for a brief description of each program.

Paying attention to compatibility with your schedule, please mark the three programs you are most interested in volunteering with.

Weekday Mornings	Weekday Afternoons
<input type="checkbox"/> Homeless Service Center (8am-12pm) <input type="checkbox"/> Bread & Roses Café (9am- 12pm) <input type="checkbox"/> Family Center Pantry (Tues- Friday, 9am-12pm) <input type="checkbox"/> Early Learning Center (18+) <input type="checkbox"/> Infant/Toddler Development Center (18+)	<input type="checkbox"/> Senior Grocery Delivery (valid driver's license and insured vehicle required) <input type="checkbox"/> Early Learning Center (18+) <input type="checkbox"/> Infant/Toddler Development Center (18+)
Flexible Weekdays	Seasonal/Weekends
<input type="checkbox"/> Client Workshops/Classes <input type="checkbox"/> Culinary Training Program <input type="checkbox"/> Thrift Store <input type="checkbox"/> Money Advisory Program <input type="checkbox"/> Veterans Representative Payee Program <input type="checkbox"/> Senior Services <input type="checkbox"/> Office Assistance	<input type="checkbox"/> Mentoring Program (18+, one year commitment) <input type="checkbox"/> Thanksgiving <input type="checkbox"/> Adopt-a-Family <input type="checkbox"/> Special Events for Clients <input type="checkbox"/> Thrift Store

In the future, I would like to receive information about the following:

Group Service Project

Food Drives/Donations

General Newsletter

Mentoring Program

Events for Clients

General Volunteer

Holiday Programs

Fundraising

Opportunities

**COMMENTS:** Please add any other information which you would like to share.

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**POLICIES:**

- **Volunteers ages 12 and under must be accompanied by an adult.**
- **On your first day of volunteer service**, check in with your supervisor on time and be ready to serve the clients of St. Joseph Center.
- **Keep a log of your hours for yourself besides the log you sign in daily.** Rely on yourself to keep track of these hours and how many you have completed.
- **When you have completed your hours**, contact Volunteer Services for verification letters or evaluations. This is an opportunity for you to share your experience, the positive and negative aspects, and to complete any forms that need an official signature. The forms from your school will need to be signed by the Volunteer Services Coordinator and a copy will be kept with your file at St. Joseph Center.

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_  
(If under 18, parent or guardian must sign below)

**PARENT NAME (please print):** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

***Please note: at least one parent/guardian signature is required***

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH US!



## Code of Conduct

The following guidelines are in effect whenever volunteers or staff are interacting either professionally or privately with St. Joseph Center clients or their family members. The guidelines remain in effect for a period of six (6) months following the conclusion of a client's relationship with the Center.

1. When interacting with clients, St. Joseph Center volunteers and staff will not:
  - Use drugs or alcohol.
  - Use physical force except in self-defense or to defuse a violent situation.
  - Engage in social interactions which might jeopardize a client's progress, commitment to, or participation in Center programs: no self-initiated socialization should take place independent of Center activities.
  - Initiate or participate in any sexual activities with clients.
  - Borrow, give, or lend money or property, or buy meals for, or shelter clients without prior staff consultation and agreement.
  - Accept cash gifts or other material gifts with a value greater than \$5.00.
  - Provide clients with lodging in their homes.
2. Personal information about volunteers and staff is confidential and not to be shared with clients.
3. Personal information about clients is confidential. All Center discussions are to be conducted in a respectful and professional manner.
4. Except in response to a subpoena or warrant, or when made necessary by mandatory reporting requirements, client information is disclosed only with the written consent of the client.
5. While acting as a St. Joseph Center volunteer or staff do not:
  - Use drugs or alcohol or be intoxicated.
  - Initiate or participate in inappropriate physical contact with clients, volunteers, or staff members.

I understand that this Code of Conduct constitutes the minimum standard for conduct at St. Joseph Center and that if I violate any portion of this Code immediate dismissal may occur.

Please Print Volunteer's Name: \_\_\_\_\_

Student Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Policies

1. Dress appropriately for the volunteer position you have started. Wear closed-toe shoes and make sure your midriff is covered. If you are a volunteer at Bread and Roses, please wear a head covering such as a baseball cap for food handling regulations. If you have questions, please contact Volunteer Services for clarification.
2. **On your first day of volunteer service**, check in with your supervisor on time and be ready to serve the clients of St. Joseph Center.
3. When you arrive, sign in as a volunteer in the logbook located in your program. Sign in every time you come to St. Joseph Center to volunteer. This is how Volunteer Services will track your service hours.
4. **Keep a log of your hours for yourself besides the log you sign in daily.** Rely on yourself to keep track of these hours and how many you have completed.
5. It is very important that you keep your original schedule and work the hours assigned. If you are sick or unable to come to work, please contact Volunteer Service **and** your program supervisor as soon as possible. If you need to change service dates, you must confirm with Volunteer Services.
6. If you have any problems or concerns during your service time, please contact Volunteer Services.
7. **When you have completed your hours**, contact Volunteer Services for verification letters or evaluations. This is an opportunity for you to share your experience, the positive and negative aspects, and to complete any forms that need an official signature.
  - a. The official forms from your school or organization need to be signed by the Volunteer Services Coordinator. These forms will be placed with your application in our files.

*Thanks for your cooperation in these policies. As a St. Joseph Center volunteer, you are a very important person in our agency and we thank you for giving of your time and talents to the clients we serve.*

Please Print Volunteer's Name: \_\_\_\_\_

Student Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Christine O'Rourke  
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