



Program Placement:

St. Joseph Center Volunteer Application

7-2010

Today's Date: _____
 Name: _____ Birth Date: M__ D__ Y____ Sex: Female/Male
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: Home: _____ Work: _____ Cell: _____
 Email address: _____

Occupation: _____ Employer: _____
 Membership/Organization: _____
 School: _____ Grade: _____
 Number of required service hours: _____ needed by: _____

Do you know any languages other than English? Please specify: _____
 Are you interested in volunteering during the holiday season? Please circle: yes no maybe
 Are you interested in volunteering during the summer months? Please circle: yes no maybe

Volunteer Opportunities: Please rank your top 5 choices by priority

<input type="checkbox"/> Homeless Service Center	<input type="checkbox"/> Family Center Front Desk	<input type="checkbox"/> Thrift Store: Tues-Friday 10am-5pm; Saturday 10am-4pm
<input type="checkbox"/> Bread and Roses Café	<input type="checkbox"/> Family Center Food Pantry	<input type="checkbox"/> Culinary Training Program
<input type="checkbox"/> Senior Services Grocery Delivery	<input type="checkbox"/> Mentor Youth ages 11-17	<input type="checkbox"/> Internship for Class Credit
<input type="checkbox"/> Monetary Advisory Program	<input type="checkbox"/> Tutoring for Youth ages 6-16 (September-May)	<input type="checkbox"/> Holidays and Special Events
<input type="checkbox"/> Veterans Representative Payee Program	<input type="checkbox"/> Summer Arts Club for Youth (June-August)	<input type="checkbox"/> Group Service Project

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

Possible Start Date: _____ End Date: _____ or Ongoing

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday*	Sunday*

Local Person to Contact In Case of an Emergency (required):
 Name: _____ Relationship: _____
 Address: _____ City, Zip: _____
 Phone: Home _____ Work _____ Cell _____

Health Care Provider or Medical Doctor (optional):
 Name: _____
 Phone: Office _____ Pager _____
 May we call your health care provider if you become ill? Please Circle: Yes No

OFFICE USE ONLY: RE Input Fingerprint Verification TB Received Policy Signed Photo ID
 SJC Volunteer Interview _____ Start Date: _____ End Date: _____ Program: _____

Volunteer Application – Questionnaire

How did you hear about St. Joseph Center? _____

Please list previous volunteer experience: _____

What do you hope to learn while volunteering? _____

Additional Application Requirements:

- Sign the “Code of Conduct” and “Volunteer Policies”: all volunteers (pages 3 & 4)
- Volunteer Interview with Volunteer Services staff: all volunteers
- Photocopy of Photo Identification: all volunteers
- Live Scan Fingerprinting: must be completed only by adults (age 18+) volunteering with select youth programs (contact Volunteer Services for specific guidelines)

Comments: Please add any other information which you would like to share

SIGNATURE: _____ **DATE:** _____

(If under 18, parent or guardian must sign)

Name of Parent/Guardian: _____

Phone: _____

St. Joseph Center | www.stjosephctr.org | Volunteer Services
204 Hampton Drive. Venice, CA 90291 | Phone: 310-396-6468 x326 | Fax: 310-399-3040



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 written the 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 Your Name: _____

Volunteer's Signature: _____ Date: _____

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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. **If you need official hours verification**, contact Volunteer Services for verification letters or evaluations.
 - 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 Your Name: _____

Volunteer's Signature: _____ Date: _____

Tiana Rideout
Volunteer Services Coordinator
trideout@stjosephctr.org
310-396-6468 ext. 326

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