



St. Joseph Center 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.

CONTACT INFORMATION:

DATE: _____

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

EMPLOYMENT INFORMATION:

Which of the following best describes your current employment status?

- Full-time Self-Employed Retired
 Part-time Currently Unemployed Student- please see Student Form

If unemployed or retired, please include the information of your most recent place of employment.

Occupation: _____ Employer: _____

Does your employer have a community relations department and encourage volunteerism among staff? _____ Yes _____ No _____ I don't know

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?

Please list any previous volunteer experience.

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 Special Events Only

ST. JOSEPH CENTER PROGRAMS:

Volunteer Opportunities: Refer to the Volunteer Opportunities section on the Volunteer page of 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.

<i>Weekday Mornings</i>	<i>Weekday Afternoons</i>
___ Homeless Service Center (8am-12pm) ___ Bread & Roses Café (8:45am-12:30pm) ___ Family Center Pantry (Tues- Friday, 9am-12pm) ___ Early Learning Center (age 18+)	___ After School Tutoring (May-Sept.) (age 16+) ___ Summer Arts Club for Youth (Jun-Aug) (age 16+) ___ Senior Grocery Delivery (valid driver's license and insured vehicle required) ___ Early Learning Center (age 18+)
<i>Flexible Weekdays</i>	<i>Seasonal/Weekends</i>
___ Family Center Front Desk ___ Client Workshops/Classes ___ Culinary Training Program ___ Thrift Store (Tues-Fri 10am-5pm, Sat 10am-4pm) ___ Money Advisory Program ___ Veterans Representative Payee Program ___ Senior Services ___ Office Assistance	___ Thrift Store (Sat 10am-4pm) ___ Thanksgiving (November) ___ Adopt-a-Family (December) ___ Special Events for Clients

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

- | | | |
|--|--|--|
| <input type="checkbox"/> Group Service Project | <input type="checkbox"/> Food Drives/Donations | <input type="checkbox"/> General Newsletter |
| <input type="checkbox"/> Mentoring Program | <input type="checkbox"/> Events for Clients | <input type="checkbox"/> General Volunteer Opportunities |
| <input type="checkbox"/> Holiday Programs | <input type="checkbox"/> Fundraising | |

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: _____ Email: _____

THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH US!
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 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 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. **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 Your Name: _____
Volunteer's Signature: _____ **Date:** _____

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