



# VOLUNTEER APPLICATION

Name \_\_\_\_\_ Application Date \_\_\_\_\_  
(First, Middle Initial, Last) or name of group

Address \_\_\_\_\_

City, State \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

Driver's License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Insurance Company \_\_\_\_\_

Are you bilingual? \_\_\_\_\_ If yes, what languages? \_\_\_\_\_

Have you ever worked or volunteered for Open Hands before? \_\_\_\_\_

If yes, when? \_\_\_\_\_ What did you do? \_\_\_\_\_

If a court ordered community service, list reasons \_\_\_\_\_

What days and times can you work at Open Hands? \_\_\_\_\_

What are your hobbies or interests? \_\_\_\_\_

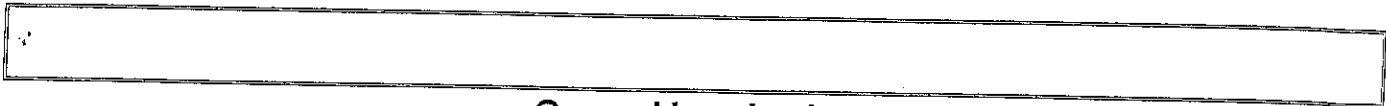
As a volunteer, what activities do you think would be fun and/or interesting? \_\_\_\_\_

What would you refuse or be unable to do? \_\_\_\_\_

What program do you think would suit you best? \_\_\_\_\_

Person to notify in case of an emergency \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_



**Open Hands, Inc.**  
**VOLUNTEER AGREEMENTS AND ASSURANCES**

**CODE OF ETHICS FOR VOLUNTEERS**

As a volunteer, I realize that I am subject to a code of ethics. I agree to work without compensation according to a job description provided to me, or as directed by the supervisor to whom I am assigned. I will agree to work a schedule and follow that work schedule. If I cannot meet my schedule, I will contact the **Open Hands** supervisor to whom I am assigned.

\_\_\_\_\_ Initial

**POLICY ON CONFLICT OF INTEREST**

A conflict of interest exists if I have a financial relationship with a person or organization that deals with **Open Hands** in a competitive or conflicting basis. My actions or activities will not involve attaining an improper gain or advantage. I will maintain the reputation of **Open Hands**. I do not work or operate a business that sells services that compete with **Open Hands**. I will not obtain goods from **Open Hands** with the intent of reselling them. I will not accept tangible gifts, valued over \$10.00, or paid employment from a client of **Open Hands**.

\_\_\_\_\_ Initial

**OPEN HANDS CODE OF CONFIDENTIALITY**

I understand that any information I learn about a client, including client records, is confidential and I may be held legally liable if I violate that confidence by relaying client information to anyone other than *Open Hands'* staff members. I will also keep confidential anything else that is specified by the administration or my supervisor to be confidential.

\_\_\_\_\_ Initial

**OPEN HANDS DRUG AND ALCOHOL ABUSE POLICY**

I understand that **Open Hands** has a no-tolerance policy on drug or alcohol abuse. Although the policy applies to **Open Hands** employees, I understand that as a volunteer, I will be subject to this policy for the safety of the work environment.

\_\_\_\_\_ Initial

In signing this volunteer application, I agree to follow **Open Hands'** Code of Conduct, Policy on Conflict of Interest, Code of Confidentiality and Drug and Alcohol Abuse Policy. I attest that I have seen and read these codes and policies.

I will only transport clients with approval of an **Open Hands'** employee, after presenting a valid driver's license and personal auto insurance. I also agree that I will comply with the policies and procedures of the **Open Hands** program to which I am assigned.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Volunteer Coordinator

\_\_\_\_\_  
Date

# Open Hands, Inc.

## Group Volunteer Activities Agreement

By signing below, I am responsible for the liability of the group of volunteers participating in a group volunteer activity for **Open Hands** on \_\_\_\_\_ and release **Open Hands** from any liability carrying out this activity. Persons participating in this activity under eighteen years of age, is my responsibility. Anyone over eighteen years of age release liability by signing below.

I, \_\_\_\_\_, accept responsibility for the following volunteers, both over eighteen years of age, as well as under eighteen years of age, participating in a group volunteer activity.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |

The following volunteers release **Open Hands** and myself from any liability for themselves.

- |          |           |
|----------|-----------|
| 1. _____ | 6. _____  |
| 2. _____ | 7. _____  |
| 3. _____ | 8. _____  |
| 4. _____ | 9. _____  |
| 5. _____ | 10. _____ |



## VOLUNTEER OPTIONS

Volunteers perform vital functions for Open Hands. Every effort will be made to find suitable assignments for volunteers by considering the volunteer's personal preference, temperament, education and employment background. Open Hands will attempt to train volunteers for the job, and provide them guidance and direction. Open Hands will try to provide volunteers with a variety of experiences by changing volunteer assignments or adding responsibility through initiating or aiding new projects.

### Volunteer Options Menu

10 - ADULT DAY SERVICES

20 - MARKETING & DEVELOPMENT

40 - COMMUNITY OUTREACH SERVICES

60 - ADMINISTRATION

70 - THRIFT STORE

80 - SPECIAL EVENTS

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

### EMPLOYMENT HISTORY

Please list your 3 most recent work and/or volunteer experiences.

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Name of Employer \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

Name of employer \_\_\_\_\_ Phone \_\_\_\_\_

Dates of Employment \_\_\_\_\_ Name of Supervisor \_\_\_\_\_

### PERSONAL REFERENCES

Please list 3 local, non-family, personal references.

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

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

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

### FOR OFFICE USE ONLY

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> AARP             | <input type="checkbox"/> District Court    | <input type="checkbox"/> Magistrate Court | <input type="checkbox"/> Past Associate |
| <input type="checkbox"/> Advisory Council | <input type="checkbox"/> Employee          | <input type="checkbox"/> Middle School    | <input type="checkbox"/> Regular        |
| <input type="checkbox"/> Board            | <input type="checkbox"/> Elementary School | <input type="checkbox"/> Municipal Court  | <input type="checkbox"/> Teen Court     |
| <input type="checkbox"/> College          | <input type="checkbox"/> High School       | <input type="checkbox"/> Organization     | <input type="checkbox"/> Other _____    |

Interview Date: \_\_\_\_\_ Interviewer: \_\_\_\_\_

Reference Check:  Yes  No If No, why? \_\_\_\_\_

Comments: \_\_\_\_\_

Program Placement: \_\_\_\_\_ Schedule: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Start Date: \_\_\_\_\_

Special Needs: \_\_\_\_\_ Completion Date: \_\_\_\_\_

Comments: \_\_\_\_\_