

THRIVE Peninsula Volunteer Application

Please return completed application to THRIVE Peninsula

13195 Warwick Blvd Unit 2C, Newport News VA23602 / contact@thrivepeninsula.org / fax: 757-585-3572

All volunteer applications are reviewed with consideration of current volunteer opportunities. Once THRIVE has received your completed application, you will be contacted within 3 business days by a staff member. The information you provide will be stored in confidence under the provisions of the Privacy Act of 1974. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information.

Personal Details

Name: _____ Mr. Mrs. Miss Ms.

Mailing Address: _____

Church Affiliation (if applicable): _____

Telephone: (Home) _____ (Cell) _____

E-mail: _____ Birth-date: _____

Day / Month / Year (optional)

Emergency Contact

Name: _____ Relationship: _____

Telephone: (Home) _____ (Work) _____ (Cell) _____

Equal Opportunities

THRIVE Peninsula, Inc. is committed to equal opportunities and all volunteer recruitment decisions will be based on merit, suitability for the role and experience. All volunteer recruitment decisions will not be influenced by race, color, nationality, religion, disability or age.

Past Services Received

Have you received or are receiving any services from THRIVE Peninsula? Yes No

If yes, what type of assistance did you receive and when? _____

Your Skills and Interests

1. Have you ever done volunteer work before? Yes No If yes, what did you do?

2. What area non-profits, civic organizations, professional associations, etc are you current involved in?

3. Why are you interested in volunteering with THRIVE?

4. How did you find out about volunteering with THRIVE Peninsula?

- | | | |
|---|---|---|
| <input type="checkbox"/> Information / Outreach mtg | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Leaflet / Poster |
| <input type="checkbox"/> Website | <input type="checkbox"/> Current THRIVE Volunteer | <input type="checkbox"/> Other _____ |

5. Are you applying for a specific volunteer position? Yes No

If yes, please indicate volunteer position title: _____

6. What kind of volunteer work interests you? Check all that may apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Front Desk Assistant | <input type="checkbox"/> Pantry Representative | <input type="checkbox"/> Shoe Ministry |
| <input type="checkbox"/> Phone Application Help | <input type="checkbox"/> Board Director* | <input type="checkbox"/> Human Services/Social Work |
| <input type="checkbox"/> Clean Team | <input type="checkbox"/> Photography/Videography | <input type="checkbox"/> Special Skill, please describe: |
| <input type="checkbox"/> Financial Coach | <input type="checkbox"/> Administration | |

*must interview with board nominating committee

7. When are you available to volunteer? Totally Flexible

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

8. How many hours would you like to volunteer? _____ hours per week/month/year (circle one)

9. If interested in administrative work, please explain your relevant experience or detail your computer skills:

References

1. Name: _____ Relationship: _____

Place of Work (if applicable): _____ Position _____

Telephone: (Home) _____ (Mobile) _____ E-mail: _____

2. Name: _____ Relationship: _____

Place of Work (if applicable): _____ Position _____

Telephone: (Home) _____ (Mobile) _____ E-mail: _____

Confidentiality Agreement

As a volunteer of THRIVE Peninsula, I understand that some of my work may involve access to information/records that are considered confidential. Believing strongly in the right of the client to privacy, THRIVE Peninsula, Inc., assures that client identity and privacy are protected except as mandated by law.

The agency will release information only under strict rules of informed consent and as attested to by the client's signature/mark on authorized forms.

The client's name will NOT be mentioned under any circumstances in the presence of non-agency personnel. Client files and/or written materials identifying the client will not be permitted to be viewed or handled by non-agency/non-authorized personnel.

Cases will be discussed only in conference room or offices in "secure" locations and only with those team members who have a right or responsibility to know. Information will not be discussed when the public or third parties not associated with the case(s) are present.

Breach of confidentiality of any of these policies or procedures shall subject the staff member, volunteer, agent, and contractor to disciplinary action, possible dismissal and/or prosecution to the fullest extent the law allows. I have read and understand the terms of this confidentiality agreement. As a volunteer, I know and understand I am bound by the same confidentiality requirements as all THRIVE ministry team members.

I have read and understand the above guidelines and accept my responsibilities in protecting the confidentiality and privacy of clients.

Signature _____ Date _____

Printed Name _____