

Sheboygan County Warming Center

Volunteer Application

(Please Read and Fill out the Application to the Full Extent—
Applications Missing Information Will Not Be Accepted)

Date: _____

Last Name _____ First Name _____ M. I. _____

Birth Date _____ E-Mail _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

My preferred way to be contacted is: ___E-mail ___Phone Call ___Text Message

Any Health or Physical Restrictions? _____

I'm Interested in volunteering in the following areas: (check all that apply)

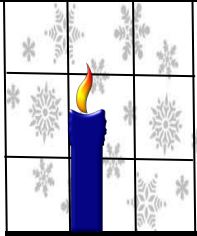
___ 1st Shift (6:30pm—10:00pm) ___ Fundraising Events

___ 4th Shift (4:00 –7:30am) ___ Meal Team

Please Indicate the evenings you are available to volunteer at the Warming Center:

In the event that a volunteer doesn't show up for their scheduled volunteer shift I would like to be called and offered the opportunity to fill in for that volunteer shift. This means that I have no obligation to fill in for the shift if I am called, it just means that if opportunity is presented for me to help fill the shift and I may do so.

___ Yes ___ No _____ If yes, provide preferred phone number



Sheboygan County Warming Center

Volunteer Application

Within the last 5 years have you been convicted of any crime ? _____

If yes, Please explain:

Employer's Name _____

Do you have any area of expertise?

(Ex: Nursing, Mechanical Work, Sign Language, Bi-lingual, etc.)

How did you hear about the SCWC? _____

Organization and/or Religious Affiliation _____

Emergency Contact Information:

Name: _____ Relationship _____

Home Phone _____ Cell Phone _____

Background Check & Photo Release:

All volunteers must have a photo taken to complete their volunteer profile. This photo will be kept confidential and will only be used for accompaniment of your volunteer profile. Thank you for understanding.

Signature of Applicant _____ Date _____

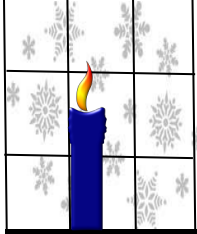
By signing, you give your consent and are authorizing the SCWC to conduct any background checks they deem necessary as well as take your picture and keep it with your application in your volunteer file.

Publicity Consent:

May we use your name and/or phot in publicity related to SCWC? ____ Yes ____ No

Signature of Applicant _____ Date _____

By signing, you give your consent for us to take photos of you volunteering and post them on our social media and website, and any other way we see fit.



Sheboygan County Warming Center

Promise of Confidentiality

I understand that in the course of my duties with the Sheboygan County Warming Center, I may learn certain facts or other information about guests, staff, and volunteers that are personal and confidential and privileged.

I agree:

- Not to disclose any information of a personal or confidential nature via any means to anyone not authorized to have this information by the Sheboygan County Warming Center. (Those authorized to receive confidential information are those in law enforcement, Dept. of Corrections, and the Sheboygan County Dept. of Human Services.)
- To be aware of my surroundings and be conscious not to disclose any personal information about myself or my family in the presence of the guests for any reason.
- The authorized sharing of confidential information must be done discreetly. (Authorized sharing of information also pertains to one-time, one place. It does not mean that specific information can be shared from that point on to whom deems appropriate.)
- Not to act as an official spokesperson for the Sheboygan County Warming Center, without the express consent of the Sheboygan County Warming Center President.
- That I have read and understand the process and procedures as set forth in the Volunteer Training Manual.

Volunteer Name (Please Print)

Volunteer Signature

Date

Sheboygan County Warming Center Representative

Date