



Friends for Survival Volunteer Application

Information on this application will be kept confidential and not be shared with anyone.

Today's Date: _____

First Name: _____ Last Name: _____ MI _____

Agency (If applicable): _____ Title: _____

Street Address: _____

City, State, Zip: _____

Contact Phone #1: (____) _____ Home Mobile Office Other
Contact Phone #2 (____) _____ Home Mobile Office Other

Email address: _____ Birthdate: _____

Have you lost a loved one to suicide? Their name and your relationship (brother, sister, friend): _____

First Emergency Contact Name: _____ Relation: _____

Contact Phone #1: (____) _____ Home Mobile Office Other
Contact Phone #2 (____) _____ Home Mobile Office Other

Second Emergency Contact Name: _____ Relation: _____

Contact Phone #1: (____) _____ Home Mobile Office Other
Contact Phone #2 (____) _____ Home Mobile Office Other

How were you referred to FFS: _____

Interests, hobbies or skills: _____

Please check boxes that interest you:

- Fundraising
- Newsletter
- Clerical
- Public Relations
- Computer (PC)
- Meeting Facilitator
- Board Member
- Special Events
- Answering Phones

Please attach a current resume, along with two (2) personal references.

(over)



Friends for Survival Volunteer Agreement

We thank you for your dedication to helping our survivors of suicide loss. Giving to others can help protect your mental and physical health by reducing stress, combating depression, keeping you mentally stimulated, and providing a sense of purpose. Volunteering doesn't have to involve a long-term commitment or take a huge amount of time out of your busy day. Giving in even simple ways can both help our survivors and improve your health and happiness.

This agreement is made between Friends for Survival (FFS) and a volunteer, name indicated below. In exchange for serving as a volunteer, as well as for the safety of the families served by FFS, the volunteer agrees to follow the guidelines listed below.

This agreement remains in effect until cancelled by the volunteer with thirty (30) days' notice, or it may be cancelled by FFS at any time, with or without cause. No one may serve as a volunteer without indicating their commitment to the terms and conditions herein.

The Volunteer Agrees to:

- ♦ Perform tasks as outlined in the designated job description in a competent manner.
- ♦ Be prompt and reliable in reporting for volunteer work.
- ♦ Record hours volunteered on the Volunteer Sign-In form.
- ♦ Notify the supervisor or Volunteer Coordinator as early as possible if unable to report for work.
- ♦ Accept supervision, maintain confidentiality, and observe the same rules and policies as paid staff.
- ♦ Complete all required training promptly.

In exchange for the above, Friends for Survival, Inc. agrees to:

- ♦ Provide volunteers with on-going training and competent supervision.
- ♦ Maintain confidential personal records and provide work references when appropriate and with permission.
- ♦ Be available to discuss problems, ideas, or suggestions.
- ♦ Provide adequate work space and necessary tools and equipment to perform the tasks assigned safely.
- ♦ Respect the function of the volunteer and to contribute to a smooth working relationship between staff and volunteers.

I hereby agree to the above, as well as to indemnify and hold harmless Friends for Survival, Inc., its officers and staff, from any and all claims, causes of action, law suits, actions, damages, losses or liability arising out of termination of my volunteer position that may occur should any of the above elements not be observed or the information provided on the back of this form as Volunteer Application be determined to be false, misleading, or untrue. Such determination shall be at the sole discretion of the Board of Directors of Friends for Survival, Inc.

Volunteer Signature

Date: _____

Please mail completed form, along with your resume and references to:

Friends for Survival
Attn: Volunteer Coordinator
P. O. Box 214463 - Sacramento, CA 95821
Questions: Call 916-392-0664