## Friends for Survival Volunteer Application



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

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First Name:		Last Name: _					MI
agency (If applicable):Title:							
Street Address:							
City, State, Zip:							
Contact Phone #1: (_ □	) Home □Mobile □Offic	ce □Other	Contact Pho	ne #2 () □Home	□Mobile	□Office	□Other
Email address:			Birtho	date:			
Have you lost a loved	one to suicide? Their	name and you	ur relationship	(brother, sis	ter, frienc	i):	
First Emergency Co	ntact Name:			Relati	on:		
Contact Phone #1: (_ □	) Home □Mobile □Offic	ce □Other	Contact Pho	ne #2 () □Home	□Mobile	□Office	□Other
Second Emergency	Contact Name:			Relation	on:		
Contact Phone #1: (_ □	) Home □Mobile □Offic	ce □Other	Contact Pho	ne #2 () □Home	□Mobile	□Office	□Other
•	d to FFS:						
	skills:						
Please check boxes t	nat interest you:						
□ Fundraising □ Meeting Facilitator	<ul><li>□ Newsletter</li><li>□ Board Member</li></ul>	☐ Clerical ☐ Special Ever		blic Relations swering Phone		omputer (F	PC)

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

(over)

## **Friends for Survival Volunteer Agreement**



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

	<b>~</b> .	
	Date:	
Volunteer Signature		

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