



10 Wickford Way, Fairport NY 14450 585 385-6860

## *Welcoming the Strangers*

### **Volunteer Application and Agreement Form**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

EMAIL: \_\_\_\_\_

Company or Volunteer Group Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Emergency

Contact: \_\_\_\_\_

(Name)

(Telephone # ; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who are employed or volunteer here? \_\_\_\_ Yes \_\_\_\_ No

When you are available to volunteer (specify hours of availability)?

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_ Friday (A.M.) \_\_\_\_\_

Types of volunteer work you think you'd be most comfortable with:

\_\_\_ Sort and organize clothing donations

\_\_\_ Household set ups/ organizing donations

\_\_\_ Work one on one with refugees at the Clothing Closet

\_\_\_ Tutoring / student advocate

\_\_\_ Office (secretarial/computer/phones)

\_\_\_ Grant writing /fundraising

\_\_\_ Annual Super Sale Committee

#### **List Your Past Volunteer Experiences:**

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Organization: \_\_\_\_\_ Duties: \_\_\_\_\_ Mo/Yr. to Mo./Yr. \_\_\_\_\_

Have you ever been adjudged civilly or criminally liable for abuse of an individual? No \_\_\_\_ Yes \_\_\_\_

Have you been convicted of a crime? No\_\_\_\_ Yes\_\_\_\_  
If yes, please describe:

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**RELEASE FOR BACKGROUND CHECK:** Saint's Place requires volunteers working with children to submit to a background check. There is no fee on the part of the volunteer for the background check.

\_\_\_\_ I agree to have a background check. \_\_\_\_\_  
Signature

**REFERENCES:** List two people, not related to you who have knowledge of your qualifications.

Name: _____	Mailing Address: _____
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Tele. No.: _____	_____
Name: _____	Mailing Address: _____

Tele. No.: _____	_____
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I need the following accommodation(s) to work as a volunteer: \_\_\_\_\_

As a volunteer for Saint's Place, I agree to abide by all applicable rules and regulations of the ministry. I understand that I will receive no monetary benefits in return for my volunteer service and that Saint's Place may terminate this agreement at any time without prior notice for any reason. I hereby authorize Saint's Place to check my references, and I understand that a criminal background check may be required.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the Volunteer Coordinator in order to know my volunteer role.

I hereby release and waive liability against Saint's Place, a non-profit corporation, its directors, officers, and employees, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for Saint's Place. Further, I agree that Saint's Place, Inc., is not liable for any damage to my property or my dependent's property resulting from volunteer work for Saint's Place. I agree that this release is as broad and inclusive as permitted by the laws of the State of New York.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_