



THE PROM PROJECT OF MICHIGAN VOLUNTEER APPLICATION

Please complete this form and submit it to the Volunteer Coordinator.

When are you available to volunteer?

Charity Basketball Game	Set up/Clean Up	___ 10 a.m.-1 p.m.	___ 1 p.m.-5 p.m.
	Clean Up/Breakdown	___ 5 p.m.-7 p.m.	
	Food Concession Stand	_____	
	T-Shirt Concession Stand	_____	
	Miscellaneous	___ 10 a.m.-1 p.m.	___ 1 p.m.-5 p.m.
Annual Prom Event	Set up/Clean Up	___ 2 p.m.-4 p.m.	___ 4 p.m.-8 p.m.
	Breakdown/Clean Up	___ 8 p.m.-10 p.m.	
	Participant Registration Table	_____	
	In-kind Donation Table	_____	
	Food Server	_____	
	Resource Table	_____	
	Miscellaneous	_____	

Please select the area(s) in which you would like to volunteer:

___ Administrative

___ Prom Closet

___ Inventory Data Input

___ Other: _____

Please Note:

*We reserve the right to obtain background information, TPO or warrant information due to the nature of our business, population, and the safety of those we serve

THE PROM PROJECT OF MICHIGAN is an organization dedicated to celebrating those who have survived the horrors of sex trafficking and domestic violence.

Date application has been received _____

Volunteer Onboarding

Training Requirements:

Training varies depending on the event. In general, any service area which involves direct contact with any participants may require training.

The following steps are required for all volunteers:

- Submission of Application Packet
- Screening with The Volunteer Coordinator
- Three character referrals, verification will be conducted TPPoM
- Interview in-person with President and/or Vice President
- Assignment to a service area
- Orientation Sessions
- Application packet Items:

Volunteer Application

- Applicant's Disclosure & Authorization for Background Screening
- Statement of Confidentiality
- Mandatory Reporting of Child Abuse
- Social Media Policy
- Criminal Conviction Policy
- Volunteer Job Description

We are obligated to safeguard the confidentiality of personal information and shall not disclose in an individually identifiable way, information about a particular person without the person's expressed authorization. The procedure of The Prom Project of Michigan recognizes the rights of individuals to privacy and conforms to the general principles defined by the Federal Privacy Act of 1974, generally accepted social work practice, and the guidelines of various professional associations. The Prom Project of Michigan believes this to be so important that each new employee and volunteer is expected to read, understand, and sign a confidentiality agreement before starting to work or volunteer.

Statement of Confidentiality

I agree to treat the identity of all identifying information about participants and other members of The Prom Project of Michigan, as well as the location and other identifying information about the participants are confidential. Participants' names will not be mentioned outside the structure of the program. Individual participants will not be discussed with any person other than The Prom Project of Michigan staff, unless specifically authorized by the participant.

Rationale for the Confidentiality Agreement: Each organization has an obligation to safeguard the confidentiality of personal information and shall not disclose the identity of an individual or information about a particular person without their consent. The policy of The Prom Project of Michigan recognizes the rights of individuals to privacy and conforms to the general principles defined by the Federal Privacy Act of 1974, generally accepted social work practice and the guidelines of various professional associations. The Prom Project of Michigan believes this to be important for each volunteer to read, understand, and sign a confidentiality agreement before starting to or volunteer.

The Principle of Participants Confidentiality: The principle of confidentiality limits the disclosure of personal information about participants served that is revealed (regarding participants) in a service (medical, counseling, legal) relationship. Participants expect their information to be safeguarded within the service relationship.

Volunteer Name:

Volunteer Address:

(Street)

(Street)

(City, State, Zip)

Volunteer Birth date:

Volunteer Signature: _____ Date: _____

Staff Signature: _____ Date: _____