



## COMMUNITY VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Age:  Under 18  18-25  26-40  41-60  61+  
(Last) (First)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(incl. zip) \_\_\_\_\_ Driver's license #: \_\_\_\_\_ Exp: \_\_\_\_\_

Email address \_\_\_\_\_ Youth Only \_\_\_\_\_  
(School) (Grade) (Parents' Names)

Groups Only: \_\_\_\_\_  
(Group Name) (Age Range) (Number In Group)

Education/Training: \_\_\_\_\_

Current Work: \_\_\_\_\_ Previous Work: \_\_\_\_\_

Employment Status:  Student  Full Time Employed  Part Time Employed Employer: \_\_\_\_\_  
 Unemployed  Retired  Homemaker  Under Medical/Professional Care Phone: \_\_\_\_\_

Volunteer Experience: \_\_\_\_\_

Please Provide Two (2) References Through Your Volunteer or Professional Work:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

How did you hear about us: \_\_\_\_\_

Special Interest and Hobbies: \_\_\_\_\_

Skills Available:  Office  Carpentry  Plumbing  Electrical  Crafts  Education  Computers  
 Gardening  Maintenance  Kids  Organizer  Communications  Recovery Other: \_\_\_\_\_

Days Available:  Mornings  Afternoons  Evenings  Special Projects  
 One day a week  More than once a week  Weekends  2X a month  Once a month  
 Mon  Tue  Wed  Thu  Fri  Sat  Sun

Volunteer Opportunity Interest:

Kitchen-General  Kitchen-Cook  Kitchen-Food Box Program  Kitchen-Driver  Children's Programs  
 Office  Tutor  Gardening  Computer Lab  Driver for Client Apptmts., etc.  House Maintenance  
 Meals for Programs  Mentor - Rent Right  Mentor/Speaker - Work Right  Workshop Facilitator  
 Family Support Team Member  Adult Literacy  Holiday Helper  Misc. Projects/Events Helper  
Other: \_\_\_\_\_

With the goals of supporting families and singles re-build their lives, and maintaining a safe and supportive environment, we require the following prior to commencing volunteer service: **Interview Orientation On the job training**

I certify that the statements made by me on this application are true and correct. I accept all the requirements above for active service. I understand that any misstatements or omissions of material facts may be cause for rejection of my application. I understand that my volunteer service will be subject to satisfactory references and other criteria. I hereby authorize COTS (including its staff, volunteers or agents) to check my references. I hereby release same persons given as references from all liability for any damage whatsoever arising therefrom. I further understand that any assignment given me will be on a 90-day probationary trial basis, except for short-term assignments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use only</b> Application Received by: _____ Date: _____ Interview Date: _____ Start Date: _____ Supervisor: _____ Miracles Orientation Date: _____
---



## YOUR RESPONSIBILITY AS A COTS COMMUNITY VOLUNTEER

COTS is proud of the high level of ethical standards and practices it has maintained for many years. As a Volunteer, it is vital that your conduct reflects the high standard of ethical behavior expected by the Community Volunteer Office and the organization's Board of Directors.

### **Confidentiality**

Confidentiality in COTS' terms means an obligation and a responsibility you have as a member of the COTS community to keep to yourself any information whatsoever you learn regarding a client. Each and every client's right to confidentiality is respected. Volunteers who are clients are accorded the same rights of confidentiality as any client.

### **RESPECT CLIENT CONFIDENTIALITY**

#### **POINTS TO REMEMBER**

1. Always sign in at the Volunteer roster at your location before going on duty.
2. Give careful attention to actions, attitudes and appearance in the performance of Volunteer duties.
3. As you can imagine, being without a home for one's family is a stressful and difficult time. Please respect the clients' right to confidentiality and private space, and do not offer counseling, advice, or ask personal questions of the clients, parents and children, unless explicitly asked to do so by a client.
4. Be sensitive to occasions when your presence might be inappropriate.
5. Leave personal problems at home.
6. Courtesy and cheerfulness in appropriate situations create a pleasant atmosphere and the spirit of cooperation.
7. Suggestions, criticisms, questions and problems should be directed through the proper channels to achieve a positive end. Gossip is destructive and not tolerated.
8. Volunteer only for a job suited to your own physical and emotional capabilities.
9. Abide by the rules of the service to which you are assigned.
10. COTS is an alcohol and drug-free atmosphere. Any evidence of alcoholic beverages or drugs will mean immediate dismissal from the Volunteer program.
11. Your being on time is much appreciated, and lends a sense of continuity for both the clients and the staff. If you are unable to be on time, please call the supervisor to notify the staff or leave a message. If you are working/playing with the children in the evenings, please gear your activities and clean-up towards their bedtime of 8:30.
12. COTS is non-denominational. Please respect the clients' rights to their private religious beliefs, and do not initiate discussion of religious matters or proselytize.
13. Please refrain from extended physical contact with adolescents (such as piggy-back rides, wrestling, etc.) Adolescence is already a confusing time of life, with myriad questions, fears, and anxieties regarding sexuality. Being homeless only compounds this sense of vulnerability, and extended physical contact can easily lead to greater confusion.
14. Say "NO" if you are to perform service that conflicts with authorized volunteer activity.
15. The COTS staff will inform you of any safety information and procedures of which you should be aware. Please do not hesitate to let us know if you have any questions or concerns.
16. Please notify the COTS staff immediately of any injury or conflict that occurs during your volunteer time at the COTS.

I have read the above and understand my responsibilities as a COTS community volunteer.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date