



Volunteer Application: Information

The completion of this form is required before you may volunteer for any of The Sophia Way programs. Please note, your information will be kept on file. Complete and email to volunteer@sophiaway.org

INFORMATION

Legal Name (Last, First, Middle Initial)		Prior names used, if any	
Street Address:		Birth Date (m/d/y):	Gender:
Cell Phone:	Email:		

Have you volunteered for The Sophia Way before? If yes, in what capacity.

INTERESTS

Which opportunities most interest you?		
At Our Office <input type="checkbox"/> Front Desk <input type="checkbox"/> Office Assistance <input type="checkbox"/> Events / Outreach	At Our Shelter <input type="checkbox"/> Day Center Assistant <input type="checkbox"/> Organize Sophia's Closet (donation room) <input type="checkbox"/> Cleaning <input type="checkbox"/> Teach life skills <input type="checkbox"/> Organize and activity	Other <input type="checkbox"/> Meal donation <input type="checkbox"/> Donation drive <input type="checkbox"/> Events / Outreach <input type="checkbox"/> Advocate

Please share your skills and expertise:

Would you like to volunteer as an individual or as a group?

 Individual
 With family
 With faith or community group



Please enter "Y" for the time slots on the days of the week that you would like to volunteer.						
Day	9 – 10 AM	10 – 11 AM	11 AM – 12PM	12 – 1 PM	1 – 2 PM	2 – 3 PM
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

EMERGENCY CONTACT INFORMATION

Name:	Relationship:
Cellphone:	Email:

I certify that the information given by me in this form is true and correct without any omissions of any kind whatsoever. I understand and agree that any false statement herein is grounds for denial of volunteer involvement or basis for dismissal if already involved. I further understand that The Sophia Way will not be responsible for any property lost, stolen, or damaged, while volunteering at their office or shelter.

Signed

Date



Volunteer Application: Confidentiality Agreement

As a volunteer at The Sophia Way, I, _____, agree to maintain the confidentiality of the clients served by The Sophia Way programs. I value and restrict their privacy. Any information that I am privy to during the course of my volunteering activity with The Sophia Way will be held in the strictest confidence and will not be disclosed to any person/s or organization/s.

I will not disclose or discuss any information about

- a Sophia Way Client outside my scope of responsibility
- the presence or identity of any Client to anyone outside of The Sophia Way without written consent
- any Client with another Client.
- a Client with a co-worker or Board Member within the hearing of other Clients or anyone else who is not authorized to have such information
- written materials or electronic communication containing information of a confidential nature or which contains identifying information.

I understand that violating the confidentiality or privacy of any Client will result in my being barred from volunteering again with The Sophia Way.

Signed

Date



Volunteer Application: Background Check Authorization

I understand a background check is required for all The Sophia Way staff, clients, and volunteers. I also understand that under federal and state law, my records are confidential and may not be disclosed without my written consent, unless otherwise provided for by law or regulation. I acknowledge that I have been fully advised of my rights under federal and state confidentiality laws and of the purposes of the information gathered.

Signed

Date