



VOLUNTEER INFORMATION

PLEASE PRINT LEGIBLY!

How did you learn about our volunteer opportunities?

Bloomington Volunteer Network Herald Times VSB

Today's Date: _____ IDS Radio School Other _____

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (H) _____ (Cell) _____ (W) _____ (Emergency) _____

Employer: _____ Education: _____

Class Project? yes/no Dept. _____ Course # _____ Prof. _____

Profession/Work experience: _____

Previous volunteer experience: _____

Goal of volunteering: _____

Skills and interests I would like to utilize while volunteering: _____

Days and hours I would like to volunteer: _____

Have you ever been convicted of a felony? _____

(This information should be discussed with the Coordinator in private to protect both you and our guests.)

INFORMED CONSENT FORM

I, _____, intend to participate with Shalom, Inc., as a volunteer and understand that while I am volunteering, I may have access to confidential information concerning individuals whom receive service through our agency. I agree not to discuss any of the guests by name or identifying information with anyone but Shalom, Inc. staff. I will not discuss guests at Shalom with any other guests, and I will treat all guests with dignity, respect, and concern as their rights as individuals. I have read and understand the policies and procedures for working with guests.

I understand that I may be required to attend volunteer training, orientation, volunteer meetings, and in-service training. In return, Shalom, Inc. will provide me with the necessary training needed for me to perform my responsibilities. The staff at Shalom, Inc. will also provide me with any resources and support I need to fulfill my responsibilities. I agree to notify those in charge if I plan on missing a day that I agreed to attend.

I agree to follow the guidelines and procedures of Shalom, Inc. while volunteering my services. I have read and understand all of the above.

VOLUNTEER SIGNATURE: _____ **DATE:** _____

VOLUNTEER NAME (print legibly): _____

FOR DATA PURPOSES ONLY (Optional):

What is your age: (please circle) Under 15 15-17 18-25 26-64 65+

Are you: (please circle) Male Female

What is your race? _____

Are you affiliated with a local church/synagogue/mosque? If so, please specify the name of the church/synagogue/mosque: _____

What is the month and day of your birth? ____

OFFICE USE ONLY

Resource/Family Center Day Center Administration Family Market

Job Assignment: _____ Referral Form

Work Schedule: _____ Data Entry

Orientation Date: _____ Hospitality Training: _____ Name Tag

Start Date: _____ Email List

Evaluation Week: _____ Evaluation Letter

Background Check Needed? YES NO Date completed _____

Court Ordered? YES NO How many hours? _____

IMPACT? YES NO How many hours? _____

Termination Date: _____