SAM's House Volunteer



SECTION I – SAM'S HOUSE VOLUNTEER INFORMATION

First Name	Middle Name	Last Name	
Mailing Address			
City		State & Zip	
Phone (Day)		Phone (Evening)	
Cell			
Date of Birth Driver's	License Number* _		Issuing State*
*Needed for Background Check			
Please list any volunteer/professional experience or skills relevant in working with people (not a prerequisite).			
In what capacity would you like to v	olunteer? Please ch	eck all that apply:	
Grant Writing	🗌 Graphic Desig	n/Flyers	Public Speaking/Networking
Guest Services Building Mainte		enance	Social Media
Clerical/Office		okkeeping	Project Management
Marketing/Media Event Planning		g	Photography/Videography
Website Management	Research		
Database Maintenance	Fundraising	_	Baking/Cooking
Data Entry	Steps to Succ	ess Program	Shelter Meals
Architectural/Building Planning	Medical Clinic	0	Medical/Dental
Case Management	SAM's House		
Other			
SAM'S HOUSE SHELTER VOLUNTEERS			
Do you have a current (past two years) background check on file?			
What days are you available to volunteer at the shelter?			
🗌 Sunday 🗌 Monday 📄 Tuesday 📄 Wednesday 📄 Thursday 📄 Friday 📄 Saturday 📄 Any			
Please indicate the shift(s) you will most likely be available to work at the shelter:			
SHIFT ONE: 4:45p.m 7:00p.m. (Site Set-Up, In-Take and Service)			
SHIFT ONE: 7:00p.m 9:00p.m. (In-Take and Service)			
SHIFT TWO: 9:00p.m 6:00a.m. (Evening and Bed-Down Prep., Sleep Shift)			
SHIFT THREE: 6:00a.m 8:30a.m. (Wake-Up, Checkout, and Cleanup)			
OTHER Please indicate times available ()			
I am flexible and will volunteer for any shift.			
On Call SHIFT ONE (4:45-7pm) On Call SHIFT ONE (7-9pm)			
On Call SHIFT TWO On Call SHIFT THREE			
Are you certified in Basic First Aid/CPR? YES NO Have you been a guest at SAM's House? YES NO If yes, please list date:			
I attended SAM's House Volunteer orientation/training: (DATE)			

SECTION II – BACKGROUND CHECK

All SAM's House Volunteers and paid staff are required to have a background check completed. Refusal to provide the necessary information will result in denial as a SAM's House Volunteer. Your eligibility to work at SAM's House will be determined by the Executive Director.

I authorize you to make such investigation and inquiries of my personal, employment, educational, military, financial, medical, criminal histories, and other related matters as maybe necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from liability in responding to inquires in connection with my application.

SECTION III – RELEASE AND WAIVER

I hereby release and forever discharge and hold harmless Shawano Area Matthew 25 (SAM25) and its successors and assigns from any and all liability, claims, injuries, illness, and demands of whatever kind of nature either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with SAM25.

I hereby grant SAM25 all right, title, and interest in any and all photographic images and video or audio recordings made by SAM25 during my Activities with SAM25.

I agree this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin, and shall be governed by and interpreted in accordance with the laws of the State of Wisconsin. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

I understand and acknowledge that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer. Upon acceptance as a Volunteer, I agree to serve under the leadership, guidance, and procedures of SAM25 for the duration of my volunteer service. Further, I grant SAM25 full permission to use my likeness for any legitimate purpose whatsoever.

SECTION VI – CHILD WAIVER*

Child's First and Last Name _____ Age _____

*Any volunteer under 18 years old must have parent/guardian consent to volunteer. All sections of this application also apply to anyone under the age of 18. Any child must be accompanied by an adult.

Written/electronic submission of this application will be treated as a signature and I certify that I have read and understand all Section I through Section VI. The answers provided are true and complete to the best of my knowledge. I further understand that SAM25 will conduct a background check on me and I offer my consent to conduct this background check. I understand that SAM25 is not obligated to accept me into their volunteer program and if accepted they or I may terminate the volunteer agreement at any time.

Signature _____

Date _____

SUBMIT