

SAM25 CHC Volunteer Application



SECTION I – SAM25 CHC VOLUNTEER INFORMATION

First Name _____ Middle Name _____ Last Name _____

Mailing Address _____

City _____ State & Zip _____

Phone (Day) _____ Phone (Evening) _____

Cell _____ Email _____

Date of Birth _____ Driver's License Number* _____ Issuing State* _____

*Needed for Background Check

Please list any volunteer/professional experience or skills relevant in working in the medical field and with people.

In what capacity would you like to volunteer? Please check all that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Graphic Design/Flyers | <input type="checkbox"/> Speak to Public/Organizations |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Social Media (Facebook) | <input type="checkbox"/> Clerical/Office/Data Entry |
| <input type="checkbox"/> Accounting/Bookkeeping | <input type="checkbox"/> Project Management | <input type="checkbox"/> Marketing/Advertising/Radio |
| <input type="checkbox"/> Plan Events | <input type="checkbox"/> Photography/Videography | <input type="checkbox"/> Website/IT Support |
| <input type="checkbox"/> Handout Flyers | <input type="checkbox"/> Cleaning | <input type="checkbox"/> Create Databases |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Community Resources | <input type="checkbox"/> Medical/Dental Clinic |
| | <input type="checkbox"/> Case Management | |

Other _____

SAM25 CHC VOLUNTEERS

Do you have a current (past two years) background check on file? YES NO

What days are you available to volunteer at the clinic?

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 p.m. - 8:00 p.m.
- SHIFT TWO: 3 p.m. – 6 p.m. (Set-up, early shift)
- SHIFT THREE: 6:00 p.m. – 9 p.m. (Late shift and Cleanup)
- OTHER Please indicate times available (_____)

I am flexible and will volunteer for any shift.

I am willing to be "on call" for:

- On Call SHIFT ONE On Call SHIFT TWO On Call SHIFT THREE

Are you certified in Basic First Aid/CPR? YES NO

SECTION II – BACKGROUND CHECK

All SAM25 CHC Volunteers and paid staff are required to have a background check completed. Refusal to provide the necessary information will result in denial as a SAM25 Volunteer. Your eligibility to work at SAM25 will be determined by the Executive Director, CHC Medical Director and/or CHC Clinic Manager.

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.

We are bound by the trust people place in us to keep their conversations confidential. We ask that all discussions within the scope of your involvement with SAM25 guests and programs remain confidential. Persons who violate this trust will not be permitted to continue volunteering.

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.

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 _____

