



Giving light to the homeless

Volunteer Application

PERSONAL BACKGROUND

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

Birthday: _____ Gender: _____

Hours Available to Volunteer

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

EMPLOYMENT HISTORY

Provide your three most recent positions if applicable.			
Employer name:	Position title/duties, skills:	Start date:	End date:
Supervisor:		Telephone:	
Employer name:	Position title/duties, skills:	Start date:	End date:
Supervisor:		Telephone:	
Employer name:	Position title/duties, skills:	Start date:	End date:
Supervisor:		Telephone:	

EDUCATIONAL BACKGROUND

	School	Years	Field of Study	Degree
High School				
College/University				
Business/Technical				
Graduate				

Please attach resume if available

What motivated you to become a volunteer?

Why did you select Aurora?

How did you find out about our Volunteer Program?

Describe your experience within non-profits and/or serving the community.

Have you worked with homeless individuals in the past? If yes, please describe the situation.

Do you have any hobbies or talents you could share with our organization?

What responsibilities are you interested in performing?

- Client Based Work Childcare Office Work Fundraising
 Donation Processing Laundry Inventory Event Staff
 Website Help Cleaning Board Member Committee member
 Other: _____

I certify that above information is true and accurate and providing inaccurate information will be grounds for dismissal.

Signature

Printed Name

Date

IMAGE RELEASE & CONSENT

Aurora often takes photos and videos to use in promotional and awareness materials for the organization and homeless issues. Likewise, the organization utilizes names, stories and quotes from volunteers in newsletters, annual reports, and videos to help promote the activities of volunteers and Aurora in the community, as well as within fundraising efforts.

This consent shall remain in effect for a period of eight years unless a volunteer revokes it prior to that time. A volunteer may revoke this authorization by submitting a written request to the Communications Specialist at Aurora.

I hereby grant permission to Aurora, Inc. to utilize my image and name to carry out its mission to end homelessness. Aurora may use:

Please mark with an "X".

Photograph	Video Coverage	Name	Quote
Signature	Printed Name	Date	

AGREEMENT & UNDERSTANDING RELEASE

I wish to volunteer for Aurora, Inc. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, I hereby assume full and complete responsibility for any personal injury and/or property damage that I sustain or cause during my participation as a volunteer. In addition, I hereby release, hold harmless and covenant not to file suit against Aurora, Inc. and any of their employees, volunteers, partners, agents, sponsors, board members, and successors from any and all loss, liability or claims I may have arising out of my service as a volunteer.

Signature	Printed Name	Date
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CONFIDENTIALITY POLICY FOR VOLUNTEERS

Volunteers will ensure confidentiality and privacy in regard to the history, records, and discussion about the people we serve. Volunteers will not discuss with or release any information regarding clients to anyone outside of Aurora without prior authorization from the Executive Director AND signed, written consent from the client. This includes, but is not limited to, the name, physical description, family history, story of the client, or medical problems of any client in the school.

A volunteer's purpose is to provide support to Aurora, Inc. while involved with the organization. Volunteers will not attempt to follow the client's case, including social networking sites, texting, phone calls, letters, or emails.

The very fact a client is served by Aurora, Inc. must be kept confidential. This means that employees, consultants, volunteers, interns, etc., shall not disclose any information about a person, including the fact that the person is served by Aurora, Inc., to anyone outside the organization unless authorized by the Executive Director or other approved person.

Nonetheless, volunteers have the duty to report to appropriate authorities in extenuating circumstances. A volunteer may break confidentiality should a client reveal that he or she:

- Intends to harm others or him/herself
- Currently or previously engaged in child or elder abuse or neglect.

Volunteers should contact the appropriate supervisor immediately in these circumstances. We also encourage volunteers to notify and/or seek the guidance of the Program or Executive Director prior to the report being filed. If a volunteer releases any information regarding clients with exception to extenuating circumstances, the volunteer's status will be terminated.

I understand and agree to abide by the above Confidentiality Policy.

Signature

Printed Name

Date

CONTRACTOR AFFIDAVIT REGARDING CIVIL & CRIMINAL HISTORY

Any person who has or could ever have unsupervised direct contact with clients must complete this section.

1. Have you ever been convicted of a felony OR a misdemeanor? ___ **YES** ___ **NO**
If "yes", give details including date, place, nature of conviction, and disposition.
2. Are you currently charged with (indictment or official criminal complaints by county or district court) a felony or misdemeanor, including deferred adjudication? ___ **YES** ___ **NO**
If "yes", give details, including the type of charge.
3. Have you ever been OR are you currently being investigated for allegedly abusing, neglecting, or exploiting children, the elderly, or the disabled? ___ **YES** ___ **NO**
If "yes", give details, including the county in which the investigation occurred, your social security number, your date of birth, and any other names you may have used during this time frame.

I hereby declare the information provided in this statement is true and correct. I also agree to inform the Executive Director if I am named in complaints or indictments or convictions of offenses as described in items 1 & 2, or if I am ever investigated for offenses as described in item 3 of this section.

Signature

Printed Name

Date
