

Hospitality House

Volunteer ID#

V _____

United We Serve.

2075 E. West Maple Rd. Suite B204, Commerce Twp. MI 48390

248-960-9975

(Volunteer Information Sheet)

First Name

Last Name

Date of Birth

Address (number and street)

Apt.

City

Zip Code

E-mail Address

Home Phone #

Work Phone #

Cell Phone #

Emergency Contact Person

Contact's Phone #

Availability

Monday

- morning
- afternoon
- evening

Tuesday

- morning
- afternoon
- evening

Wednesday

- morning
- afternoon
- evening

Thursday

- morning
- afternoon
- evening

Friday

- morning
- afternoon
- evening

Saturday

- morning
- afternoon
- evening

Sunday

- morning
- afternoon
- evening

Desired Work

- Intake Clerk
- Stuff Envelopes
- Writing Grants
- Can Food Drives

- Stocking
- Data Entry
- Maintenance
- Soliciting Donations

- Quickbooks

- Food Distribution
- Mailing
- Public Relations
- Fund Raising
- Santa Shoppe (Toys for kids)

- Sorting/Boxing
- Office Work
- Cleaning
- Other Events
- Board Position

- Food Pickup
 - SUV/Minivan
 - Closed Truck
 - Open Truck

Special Skills

- Attorney
 - Accountant
 - Dietician
 - Event Planner
 - Other _____
-

Please add any additional information you want to share regarding your volunteer experience, work history or skills and sign the volunteer confidentiality agreement. Then return the form to the Director or Team Leader. Thank you for your interest in volunteering at Hospitality House food pantry.

Hospitality House is dedicated to providing prompt courteous service to all who come seeking assistance. You will be expected to treat fellow volunteers, pantry staff and clients with dignity at all times. Smoking, non-prescription drugs, and alcohol are not allowed on the premises. Volunteers may not work at the pantry while under the influence of any such substances. Confidentiality of client information is essential. No volunteer may use information given by a client for any reason unrelated to pantry business. National privacy law dictates that all records remain confidential.

Volunteers are expected to arrive a minimum of 10 minutes before a designated shift begins and must notify the office in a timely manner if they will be late or unable to fulfill a shift obligation. This is necessary so a substitute volunteer may be called in.

Please note any additional volunteer history, work history or skills you would like to share:

Where did you learn about Hospitality House?

- Newspaper Church School Friend Event Internet
 Other _____

As a volunteer, I understand the above standards and agree to uphold them as well as other pantry rules and guidelines as are deemed necessary to effective operation of the pantry.

Signature of Volunteer

Date

I hereby allow Hospitality House to perform a check of my background, including,

- Criminal record
- Driving record
- Past-employment/volunteer history

And other persons as appropriate for the volunteer work in which I have expressed an interest. I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contacted for the purposes of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate. Hospitality House does not accept court-ordered and or community service for individuals that have been charged with the following.

- Fraud
- Larson
- Assault of any kind
- Possession of narcotics

This is not negotiable. If you are a volunteer with this issue please work with your probation officer/judge/school to locate a facility that allows such offences.

Hospitality House Management.

Drivers License Number: _____

_____ **Date**

Signature of Volunteer

Date

Parental Consent Form (For all minors)

In order for your child to become a volunteer with us, we need your consent and your involvement in helping them to have a productive experience. Please read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. Please call Hospitality House if you have any questions, would like further information, or would like to discuss this with someone.

I understand that my child wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity if accepted by the agency. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to agency policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

Name: _____

Nature or relationship with volunteer: _____

Signature of Caregiver

Date

Please do not write below this line: for Administrative purposes only

ICHAT Checked: Y N N/A

Drivers Record Checked: Y N N/A

Employment Checked Y N N/A

Application Approved: Y N

Civil Rights Training Completed: Y N

Orientation Completed: Y N **Signature of staff** _____ **Date** _____

Comments

Signature of Director or authorizing HHFP staff

Date