

Samaritan House of Orangeburg County, Incorporated

VOLUNTEER APPLICATION FORM

Please Print Legibly.

Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

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

E-Mail Address: _____

Highest Education Level: _____

Desired Schedule (check days and times available)

DAYS	BEST AVAILABLE TIMES
____ Monday	_____
____ Tuesday	_____
____ Wednesday	_____
____ Thursday	_____
____ Friday	_____
____ Saturday	_____
____ Sunday	_____

How would you like to volunteer with TSH? (**View list of Volunteer Opportunities**)

1. _____

2. _____

Have you ever been convicted of a felony? ____ Yes ____ No

The Samaritan House of Orangeburg County, Incorporated

VOLUNTEER OPPORTUNITIES' FORM

Kitchen Assistant

- Assist with food and beverage preparation, serving, and clean-up.
- Stock pantry and keep it neat and clean.
- Clean refrigerators and ensure unused items are thrown out
- Sanitize kitchen as scheduled.
- Provide guidance on sanitization/food service.

Hospitality Volunteer

- Assist with answering the telephone, taking and distributing messages, providing referral information, and distributing mail.
- Register residents for chores.
- Ensure residents sign in and out when leaving and returning to the facility.

Greeter Volunteer

- Work in the day room and are available to answer questions when residents first enter TSH.
- Chat with residents and share information on TSH services with residents new to the facility.
- Check bags of potential residents for items that should not be brought into the facility.

Shelter Assistant

- Sign residents into the room.
- Make sure they have clean linen for their bed.
- Give each a hygiene packet.
- Provide them with a change of clothing, if needed.
- Sort, label, and stock donated items.

Case Management Assistant

- Intake Assistant – take applications on prospective residents
- Assist Case Manager.
- Sort, label, and stock donated items.

Office Assistant

- Provide data entry, filing, mailings, copying, and general clerical work.

_____ **Computer Technician/Technology**

- Update hardware and software for all computers.
- Provide social media development and updates.
- Provide newsletter/brochure development and updates.

_____ **Instruction Volunteer**

- Teach residents of TSH functional skills. Examples could include making crafts, parenting skills, budgeting, computer training, resume development, literacy skills, etc.

_____ **Donation Volunteer**

- Solicit, receive, sort and/or manage donations from the community for use by residents.
- Maintain listing of needed items.
- Secure contact information on donor.
- Ensure store room is maintained in an orderly fashion at all times.

_____ **Spiritual Enrichment**

- Conduct devotionals, worship service, Bible Study, mentoring.
- Solicit community volunteers to provide spiritual enrichment.

_____ **Facility Management**

- Assist with minor repairs, maintenance issues, upkeep of building, etc.

I am volunteering for the above checked (✓) assignment(s):

Signature: _____ Date _____

The Samaritan House of Orangeburg County, Incorporated

VOLUNTEER AGREEMENT FORM

The Volunteer Agreement is intended to ensure an understanding between The Samaritan House of Orangeburg County, Incorporated and volunteers regarding the organization's policies and procedures.

Volunteer Agreement

Agency

We, The Samaritan House of Orangeburg County, Incorporated, agree to accept the services of _____ (volunteer's name) beginning _____ (date).

And we commit

1. To provide accurate information, training, and assistance.
2. To ensure supervision and provide job assessment and feedback.
3. To respect the skills and individual needs of the volunteer.

Volunteer

I, _____ (volunteer's name), agree to serve as a volunteer and commit

1. To perform volunteer duties to the best of my ability.
2. To follow agency rules policies, and procedures, including recordkeeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitments or to provide adequate notice so that alternate arrangements can be made.

Agreed to:

Volunteer's Signature

Date

Staff Representative's Signature

Date

The Samaritan House of Orangeburg County, Incorporated

VOLUNTEER CONSENT FORM

I _____ understand that as a **Volunteer** at The Samaritan House (TSH) of Orangeburg County, Incorporated, that I **am not** an employee of TSH. I understand as a **Volunteer** that I may be terminated from serving with TSH with or without cause, and that I am free to terminate my volunteer service with TSH with or without cause. Any representation by any of TSH officers or employees contrary to this policy is not binding upon TSH unless it is in writing and is signed by the Executive Director and the Board of Directors. I agree to follow, to the best of my ability, the guidelines in the Volunteer Handbook. Should I have questions, I will speak with the Executive Director or his/her designee.

My signature below indicates I will do my best to:

1. Follow all organization expectations described in the Volunteer Handbook.
2. Provide accurate and necessary information for background screening.

Volunteer's Name – Print

Date

Volunteer's Signature

Date

Executive Director/Designee's Signature

Date

The Samaritan House of Orangeburg County, Incorporated

INFORMED CONSENT FORM

I, _____, intend to participate with TSH of Orangeburg County, Incorporated as a volunteer and understand that while I am volunteering, I may have access to confidential information concerning individuals who receive service through our agency. I agree not to discuss any of the guests by name or identifying information with anyone but TSH staff. I will not discuss guests 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 an orientation, volunteer training, volunteer meetings, and in-service training. In return, the staff at TSH will 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 TSH while volunteering my services. I have read and understand all of the above.

Volunteer's Name – Print

Date

Volunteer's Signature

OFFICE USE ONLY

Job Assignment: _____ Placed _____

Work Schedule: _____ Data Entry _____

Orientation Date: _____ Start Date _____

Birth date – Month/Date: _____

Background Check Needed? YES NO Date Completed: _____

Termination Date: _____

The Samaritan House of Orangeburg County, Incorporated

Disclosure and Authorization for Background Check

AGREEMENT

As a condition of my candidacy for Volunteer Service with TSH, I understand that TSH will conduct a background check about me for volunteer purposes. *This is not a credit check.*

As a part of the application process for Volunteer Service at TSH, I acknowledge and understand that TSH may seek and obtain investigative reports. I further acknowledge and understand that the reports may be used for the following purposes:

- Considering my application as a Volunteer.
- Deciding whether to offer me a position as a Volunteer with TSH.
- Doing periodic rescreening of current Volunteers; and/or
- Making any other Volunteer decisions affecting me.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the check will be kept confidential.

If I am serving as a Volunteer, this **Disclosure and Authorization** shall remain in effect for the length of my service. I agree that a fax, photocopy or electronic copy of this **Disclosure and Authorization** with my signature will be accepted with the same authority as the original. I understand that upon my request, I will be given a copy of the Report.

I represent to the best of my knowledge that all information provided below is accurate, true and correct, and that I fully understand the terms of this **Disclosure and Authorization**.

Volunteer's Signature

Print

The Samaritan House of Orangeburg County, Incorporated

Background Check Permission Form

I hereby allow The Samaritan House of Orangeburg County, Inc. to perform a check of my background, including:

- ✓ Criminal Records
- ✓ Sexual Offenders Registry (SC & National)

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions 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 purpose of the background check to give their full and honest evaluation of my suitability for the described volunteer work and other such information as they deem appropriate.

I am an applicant for the position(s) of _____

_____ at The Samaritan House of Orangeburg County, Incorporated.

Printed Name: (first, middle, maiden and last): _____

Other Names Used: _____

Current Physical Address: _____

Current Mailing Address: _____

Date of Birth: _____

Volunteer's Signature

Date

