Doors of Hope Geauga

Volunteer Application

Key Role - Volunteer:

Assists with programs, events, and activities organized by DoHG to support success of guests and the program overall. Works cooperatively as a reliable team member to complete volunteer assignments. Understands the ethical and legal responsibilities involved and maintains strict confidentiality regarding the privacy of all guests.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please list any former names you may have used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_\_\_

Previous Address (10 years or less at primary address): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Secondary Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Method of Contact: Phone Call Text Email

If under 18 years of age, parent or guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_

How did you hear about Doors of Hope Geauga? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you interested in:  Steady Volunteer Assignments  One-time Events  Both Undecided

Availability:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Sunday** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** |
| From: | From: | From: | From: | From: | From: | From: |
| To: | To: | To: | To: | To: | To: | To: |

Ways you would like to contribute or special talents:

Spiritual Guidance Meal Prep/Planning Babysitting/Child Care

Construction Projects Outdoor Projects Exercise

Arts & Crafts Employment (resume, etc.) Computer Training

Parenting Education/GED Financial Literacy (budgeting, etc.)

Career exploration Mindfulness / Meditation Transportation

Linkage to support groups Tutoring/mentoring children Recovery from Substance Use

Guest Oversight/Support (circle your choices): Breakfast - Meal Prep/Dinner Time - Early Evening - Overnight

Other: (please list below)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In as much detail as possible, explain why you would like to volunteer at Doors of Hope Geauga and how you intend to use your skills/experience/compassion to enrich the program and its guests. (Includes skill building, educational materials you will use, any credentials or training that supports these skills): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Media Release Waiver:**

\_\_\_\_\_ I consent to having photographs and videos of me and comments made by me used by (THE AGENCY) or others authorized by (THE AGENCY), for production, newspaper, magazine, or other source media. I authorize (THE AGENCY) to use the photographs, videos, or comments at its discretion.

\_\_\_\_\_ I do not consent to have photographs, videos, or comments of me or made by me used by (THE AGENCY) or parties associated with (THE AGENCY).

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Statement:**

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person or involves overall agency business. Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I agree to volunteer my services for the benefit of (THE AGENCY) and understand that I am not employee of (THE AGENCY). I understand that if at any time I compromise the integrity of (THE AGENCY), I may be considered for immediate dismissal as a volunteer, and I certify that all information provided in this application is true and correct to my knowledge and I consent to a background check to support the safety of the guests and staff of Doors of Hope Geauga.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How To’s:

**Before a volunteer assignment:** Add the day and time of your volunteer assignment to your calendar. If you are unable to participate as planned, remember to contact the organizer in good time so that another volunteer can be recruited.

**During a volunteer assignment:** Take the time to review what the volunteer job entails with the organizer and as questions to clarify the assignment if needed. Please sign in with date/time/activity on the volunteer sheet posted outside of the office located on the lower level.

**After a volunteer assignment:** Please sign out with date/time/activity on the volunteer sheet posted outside of the office located on the lower level. Provide feedback to the program director whenever possible so the organizer can make adjustments to provide the best services possible.

For Office Use Only

Background Check Completed: Yes No Date Reviewed: / / 20

Background Check reviewed by Michelle Maneage, Program Director:

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please send completed form to Doors of Hope Geauga:**

Email: [MichelleM@dohgeauga.org](mailto:MichelleM@dohgeauga.org) or mail to: PO Box 603 Newbury, OH 44065

Please feel free to call 440.321.7984 for assistance!

Thank you for you interest in supporting Doors of Hope Geauga!