



We help people find their way back home.

# Volunteer Application

**Volunteer Position you are applying for?** \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Are You Over 18?  Yes  No

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer (Optional): \_\_\_\_\_

School Attending: \_\_\_\_\_ Field of Study: \_\_\_\_\_

Would you like to be added to our mailing list?  Yes  No

**Time Availability** Please try to be as specific as possible

**Weekdays**  Mornings  Afternoons  Evenings

**Weekends**  Mornings  Afternoons  Evenings

### EMERGENCY CONTACT INFORMATION:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

**Or:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

#### Optional additional information in case of accident/emergency:

Doctor name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Hospital preference: \_\_\_\_\_

**Medical conditions we should be aware of in case of emergency:** (Mercy House is not liable or accountable for medical emergencies)

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

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### LIABILITY RELEASE

In making this application to volunteer my services, I understand that I will assume all risks of injury occurring to me while on the premises of any of your facilities, or any injury to me while rendering voluntary services to a client and/or Mercy House. Since I am not an employee of this program, I understand I am not covered by Workman's Compensation. I further agree that if any services involve transportation of person, I will carry adequate liability insurance on my automobile and release Mercy House of any liabilities in case of an accident. It is also my understanding that a routine criminal background check may be conducted on all new staff and volunteers and the results would be held confidential. It is not routine for volunteers to give out personal information such as home address and telephone. If I choose to do so, Mercy House will not be held liable for any problems that may arise as a result of doing so.

I HEREBY ACKNOWLEDGE AND AGREE WITH THE STATEMENTS ABOVE.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Photo Release:**

I hereby release, authorize, and give full consent to Mercy House Living Centers to publish and display my information as well as any photographs in which myself, spouse, and/or children appear. I further agree that Mercy House Living Centers may use or cause to be used such material for, or in, visual displays, any exhibitions, internet web pages, or publication for the purpose of communication to non-profit, charitable partners of Mercy House Living Centers and the general public, provided that Mercy House Living Centers is credited with such materials and is used or printed. I also acknowledge that I have received no monetary compensation for materials used pursuant to this release. I also declare by my signature below, that this testimony is factual and accurate.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**ACCESS AND CONFIDENTIALITY AGREEMENT**

I agree not to divulge any information to any person in regard to clients obtained in the course of my association with Mercy House. I further agree not to publish, and generally not to make public any personal information regarding persons who have received services that would enable identification of individuals.

I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the California Welfare and Institutions Code.

I understand the expectations to client rights to confidentiality as mandated by law in the following instances:

- a. If the client threatens grave bodily harm or death to another person or to him/herself;
- b. If a court of law issues a legitimate subpoena;
- c. If child abuse, sexual abuse, or neglect is suspected with a minor

I have read the above and acknowledge my understanding of it and will abide by this professional standard in practice.

**Volunteer's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PARENTAL CONSENT (If under 18 years of age)**

I have read, I understand and I have signed the contingent agreements presented to my son/daughter that will enable him or her to volunteer at Mercy House. I understand that the safety of the residents, staff, and volunteers at Mercy House is of primary importance and I will not jeopardize that safety though any intent of my own and I will immediately notify a staff member of any situation or person that poses a threat to safety.

I understand that as the parent of a volunteer, either the Volunteer Coordinator or another staff member will answer any questions or concerns I may have promptly. I further understand that my son's/daughter's commitment to Mercy House is a serious one and I have knowledge of the time commitment made by my son/daughter and hereby give my permission for him/her to participate as a Volunteer. I understand as the parent of the volunteer that I will be present for my son's/daughter's volunteer commitment.

Weekly Hours Commitment: \_\_\_\_\_ Volunteer Name: \_\_\_\_\_

Length Of Commitment: \_\_\_\_\_ Parent Name: \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_



# Volunteer Agreement

## Each volunteer must maintain a firm commitment to professional conduct

As a volunteer of Mercy House volunteers are expected to maintain the highest level of moral, ethical and professional conduct while at the agency site. Volunteers will not engage in verbal abuse of sexual nature, jokes and stories of a sexual nature, and or any type of sexual interaction, with a Mercy House client or staff.

## Relationships with Clients

Volunteers are prohibited from developing dual relationships with any client they meet through their volunteer involvement at Mercy House. Examples of dual relationships include (but are not limited to) a volunteer entering into a business, romantic, or sexual relationship with a client. Soliciting clients for your business is strictly prohibited. Mercy House volunteers are not allowed to be named as having authority to make decisions for a client under any type of power of attorney or other legal procedure. This includes, but is not limited to, powers of attorney for medical care or finances. Volunteers matched with Mercy House clients through Mercy House are not allowed to assume responsibility for custodianship or guardianship issues for any client or for a member of the client's family.

## Food & Other Substances

Volunteers will not consume any food items or drinks supplied by Mercy House while volunteering. Food and drinks are purchased solely for the consumption by our homeless clients. Volunteers must also commit to not consuming any type of illicit drugs on Mercy House premises while volunteering on behalf of this agency.

## Discrimination

Volunteers will not judge any individual's race, disability, religious preference, sexual orientation, color, age, veteran status, citizenship, ancestry, national origin or gender.

## Religious Conviction

Mercy House does not condone the recruitment of its clients for religious intent.

## Volunteer Boundaries

Volunteers are not permitted to loan or give money to clients, should not meet with clients outside of the Mercy House Shelters without permission from program staff, and are not allowed to drive clients in their vehicles.

## Commitment

Mercy House relies heavily on our volunteers, therefore, we take your commitment very seriously. If you sign-up for a shift and miss your shift without removing yourself from the calendar or do not give at least a 2 day notice you may be removed from any future shifts after the second offense.

## Age Restrictions

The program you are signing up to volunteer at can be a volatile environment and we permit anyone who is homeless including men and women with criminal offenses. Minimum age requirements:

- Bridges at Kraemer Place - 13 with a parent guardian who is also signed up to serve
  - Laundry Volunteers: 18 years of age or older
- HomeAid Orange County Family CareCenter – 13 years of age or older with a parent guardian who is also signed up to serve
- Regina House Play Hour Attendant – 16 years of age or older with a parent/guardian signed up to serve or 18 years of age or older with a Live Scan

I hereby agree to the following terms and conditions of being a Mercy House volunteer. I understand that failure to adhere to

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

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

**Personal Experience** *(optional)*

Please use these questions as a guide to describe your life experiences relative to volunteering at Mercy House. You may add any additional information about yourself that you would like us to know.  
*Please print clearly.*

1. Why would you like to volunteer at Mercy House?

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2. I bring the following work/volunteer experience and skills:

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3. How did you hear about Mercy House?

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4. Other than English, please indicate any language(s) you speak fluently.

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**Reference** *(optional)*

Reference Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Would you like to be a volunteer translator?     Yes     No     N/A

**ADDITIONAL INTERESTS** *(optional)*

Interested in fundraising opportunities or on how to host a drive?

Yes  No

Would you like more information on how to involve your business, church or coworkers?

Yes  No

Would you like to volunteer with Mercy House mailings? (Select dates, business hours only).

Yes  No

Do you have a professional skill or talent that you would like to offer Mercy House? (Photography, writing, marketing, graphic designing, etc.).

Yes  No    Comments: \_\_\_\_\_

**Thank you for your interest in volunteering with Mercy House!**