

Date Received _____



207 Manhattan Avenue, Greenville, NC 27834
www.greenvillecommunityshelter.org
252-752-0829

Volunteer Application

Name _____ Date of Birth _____

Age _____ Gender (Circle one): Male or Female

Street Address _____

City _____ State _____ Zip Code _____

Telephone: Cell _____ Work _____

E-mail _____

Employer (if employed) _____

Emergency Contact Information

Name _____ Relationship _____

Telephone: Cell _____ Work _____

Education (Please check highest level completed)

GED _____ High School _____ College _____ Graduate School _____

If currently a student, what school do you attend? _____

Are you volunteering for course credit? Yes or No

If yes, what is the name of the course? _____

Required hours to be completed? _____ Anticipated completion date? _____

Background information

Can you speak a Foreign Language? Yes or No

If yes, what language(s)? _____

Have you ever been convicted of a crime other than a traffic violation? Yes or No

If yes, what was the charge? _____ Date convicted _____

Are you volunteering because of a Court Community Service Order? Yes or No

If yes, How many hours are needed to be completed? _____

Briefly list any previous volunteer experience:

Do you have any special interests/hobbies/talents that may benefit your volunteer experience? _____

I, _____ agree not to hold Greenville Community Shelters, and of the staff, guests, or other volunteers responsible for any harm or damage inflicted upon myself or my property while on the premises of the Greenville Community Shelter. I agree to maintain a professional attitude at all times and understand that any unprofessional behavior will result in the termination of my volunteer services.

Signature

Date

CONFIDENTIALITY CONTRACT FOR VOLUNTEERS

It is the policy Community Crossroads Center to hold all information pertaining to clients/residents in strict confidentiality. I understand that any information pertaining to the residents should be held in strict confidence. This means not mentioning anyone's name, vital information, or even descriptions of the residents. No information of any kind regarding the residents should be shared on Social Media.

I promise to maintain the confidentiality and dignity of the residents of Community Crossroads Center at all times while volunteering. I will not discuss any resident with another resident or any other volunteers. I will share information only with Center Staff, as directed and needed. I will maintain strict confidentiality outside of the Center.

Volunteer Signature: _____

Date: _____

Volunteer Printed Name: _____

Witness Signature: _____

Date: _____

Witness Title: _____