



SJC Staff Use Only

Date Received: _____

Name of School: _____

Volunteered Previously: Yes No

St. Joseph Center Student Volunteer Application

(For applicants under 18 years of age)

Our mission is to provide working poor families, as well as homeless men, women and children of all ages, with the inner resources and tools to become productive, stable and self-supporting members of the community.

CONTACT INFORMATION

Date: _____

Name: _____ Birth Date: M ___ D ___ Y ___ Age ___ Sex: M ___ F ___

Address: _____ City _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

SCHOOL INFORMATION

School: _____ Phone: _____ Fax: _____

Address: _____ City: _____ Zip: _____

Teacher/School Administrator: _____ Title: _____

Number of Community Service Hours Required: _____

Deadline for Receiving Community Service Hours: _____

Interested in volunteering in excess of required hours: Yes _____ No _____ Undecided _____

PARENT/GUARDIAN

Parent/Guardian #1: _____

Relationship: _____

Parent/Guardian #2: _____

Relationship: _____

Preferred Contact: (To be filled out by parent or guardian). Parent # 1 Parent # 2 Student

*** Please note that students under the age of 12 must be accompanied by an adult at all times.**

EMERGENCY CONTACT

Name: _____ Relationship: _____

Address: _____ City _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

HEALTH CARE PROVIDER OR MEDICAL DOCTOR

Name: _____

Address: _____ City _____ Zip: _____

Home Phone: _____ Cell: _____ Email: _____

QUESTIONNAIRE

How did you hear about St. Joseph Center? If through word of mouth please include the full name of the person who referred you. If through your school, please include the name of your school contact: _____

Please list any previous volunteer experience including general dates of service: _____

Do you understand and/or speak any languages besides English?
 Bilingual Spanish Bilingual Russian Other (please specify) _____

AVAILABILITY AND INTEREST

I am available beginning ___/___/___ through ___/___/___. School resumes on: _____

Please indicate below which program(s) you are interested in (you may refer to our website at **www.stjosephctr.org** for a brief description of each program). *Please note that St. Joseph Center is closed evenings and weekends and that all volunteer opportunities are during daytime hours.*

MORNING VOLUNTEER OPPORTUNITIES	
<input type="checkbox"/> Administrative Assistance	9:00 a.m. – Noon M-F
<input type="checkbox"/> Bread & Roses Café	8:30 a.m. – 1:00 p.m. M-F
<input type="checkbox"/> Early Learning Center	9:00 a.m. – 1:00 p.m. M-F
<input type="checkbox"/> Food Pantry (Regular Pantry Hours)	9:30 a.m. to 12:30 p.m. Monday • Wednesday • Thursday
AFTERNOON VOLUNTEER OPPORTUNITIES	
<input type="checkbox"/> Administrative Assistance	1:00 p.m. – 5:00 p.m.
<input type="checkbox"/> Early Learning Center	1:00 p.m. – 5:00 p.m.
<input type="checkbox"/> Food Pantry	12:30 to 3:30 Tuesdays • Fridays
ALL DAY VOLUNTEER OPPORTUNITIES	
<input type="checkbox"/> Food Pantry Assistance	9:00 a.m. – 4:00 p.m. Wednesday • Thursday (<i>minimum of one day per week for four weeks starting in June</i>)

Comments: Please include any special skills or interests and include level of proficiency: _____



STUDENT GUIDELINES

Parent or Guardian Please Review with Student Prior to First Day

- Student volunteers, **age 12 and under** must be accompanied by an adult at all times during their volunteer service.
- On your first day of service, please check in with your program supervisor promptly at the time provided by the Volunteer Relations Manager.
- Please keep a log of your hours. You will also need to sign in each day that you volunteer in the Volunteer Log Book provided, but you are responsible for tracking your hours as well.
- If you would like to receive a verification of hour's letter after completing your service hours, please contact the Volunteer Relations Manager via e-mail at saydin@stjosephctr.org and provide the number of hours and dates of service you have completed. Your hours will be verified prior to providing you with a letter of completion.
- If you have school forms that need to be completed, please email to saydin@stjosephctr.org or fax to 310-392-8402.
- Please do not hesitate to ask questions during your volunteer shift(s). Your program supervisor will be happy to answer questions you may have. The Volunteer Relations Manager is also available to answer questions.
- If you are unable to attend your volunteer shift, please email your immediate program supervisor and copy the Volunteer Relations Manager on the email. If you do not have email access, please call the program manager to which you are assigned.

Please Print Your Name: _____

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

St. Joseph Center | www.stjosephctr.org | Volunteer Services
204 Hampton Drive, Venice, CA 90291 | Phone: 310-396-6468 x326 | Fax: 310-399-3040



CODE OF ETHICS

The following guidelines are to be followed by all representatives of St. Joseph Center including volunteers, Board and committee members, and staff.

- 1. Non-Collusion and Conflict of Interest:** Representatives of St. Joseph Center will base all decisions regarding Center activities and programs solely on their perception of what is in the best interest of the Center and its clients. When a conflict exists they will defer the decision to disinterested parties. Likewise, Center representatives will not refer clients to any business or service in which they have an interest.
- 2. Client Confidentiality:** The identity of and all information about service consumers is confidential. Except in response to a subpoena or warrant, no information regarding a client may be released to the public without written consent. Information regarding clients should be shared with other staff or volunteers only as necessary to coordinate services and in a respectful manner. All written and electronic client files must be stored securely and may not be removed from the Center.
- 3. Non-Violence:** All interactions between Center representatives and service consumers will be based on a philosophy of non-violence. In client interactions, SJC representatives will reflect this approach in body movement and use of language. If confronted, they will respond in the least violent manner consistent with safety and will always attempt to defuse potentially violent situations.
- 4. Non-Fraternization:** Representatives of St. Joseph Center will not enter into social, sexual or business activities with clients of program services nor will they give or accept gifts or provide housing to clients in their homes. These guidelines will be effective for two years following any client exit from program services.
- 5. Unlawful Harassment, including Sexual Harassment:** Representatives of St. Joseph Center will maintain a harassment free environment when working with staff, clients and volunteers. Harassment is any behavior that includes unwelcome advances, sexual or otherwise, and other verbal or physical contact which interferes with an individual's performance or creates an intimidating, hostile or offensive work environment
- 6. Maintenance of a Drug Free Workplace:** Representatives of St. Joseph Center will not use, dispense, or distribute illicit drugs or be under the influence of drugs or alcohol or use prescription drugs other than as prescribed while in the workplace or while interacting with clients. Board, staff and volunteers agree to abide by the provisions of the Drug Free Workplace Act of 1988 (Public Law 100-690, Title V, Subtitle D).

Volunteers at St. Joseph Center should understand that this code of ethics constitutes a minimum standard of conduct and that any violation of this code may be grounds for immediate dismissal.

Please Print Your Name: _____

Signature: _____ **Date:** _____

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CLIENT CONFIDENTIALITY POLICY

It is the policy of St. Joseph Center to respect the dignity and privacy of its clients. In addition, many of our clients, such as consumers of mental health services are, by law, ensured confidentiality in the delivery of services.

The identity, photographic representation or any identifying information about service consumers is to be held in strict confidence by all representatives of St. Joseph Center. No information will be released to any individual other than other representatives of St. Joseph Center, without the express, written consent of the client(s) involved. Nothing in this Client Confidentiality Policy, however, shall be interpreted as preventing an appropriate and timely report of abuse of a child, elder or other protected adult or a report of potential violence (including suicide/homicide) or any other report as mandated by law.

Public agents such as police, sheriffs or marshals and private attorneys must present a subpoena in order to have access to client files or to have a client's participation with the Center affirmed or denied.

Specific procedures regarding client consent to release information may vary between programs. However, clients must always sign a waiver when staff needs to release information to other agencies.

Even when information is being sought by family members, staff must first receive permission from the client to release information.

Information regarding clients should be shared among staff and volunteers only on a need-to-know basis in order to coordinate services. Such information should always be conveyed in a respectful manner.

As specific procedures ensuring confidentiality may be complex and differ between programs, staff and volunteers are always encouraged to speak with their supervisor regarding specific situations.

I understand that by affixing my signature to this page, I am confirming that I have read the above and agree to abide to the rules stated in this document. If I violate any portion of this document the infraction will be grounds for disciplinary action, up to and including, dismissal.

I understand that the original of this signed document will also be retained in my personnel file or attached to my Volunteer Application file.

Please Print Your Name: _____

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

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VOLUNTEER POLICIES

1. **First Day:** On your first day of volunteer service, please make sure to arrive on time and check in with the supervisor of the program you have been assigned to.
2. **Sign In:** At the start of each volunteer shift, print your name in the volunteer logbook. Please make sure that your name is legible as this is how we verify your volunteer hours.
3. **Tracking Volunteer Hours:** It is your responsibility to keep track of your volunteer hours. Should you request a letter verifying your volunteer hours, you will need to provide Volunteer Services with the total number of hours you have volunteered.
4. **Attendance Policy:** If you are sick or unable to attend your regularly scheduled volunteer shift, please contact your immediate program supervisor as well as the Volunteer Services Manager as soon as possible. If you are interested in changing your permanent schedule or the program you are working with, you must contact Volunteer Services.
5. **Confidentiality:** Personal information about staff and/or other volunteers is confidential and is not to be shared with clients under any circumstances. Client information is also strictly confidential. Please make sure to read the attached Client Confidentiality Policy in its entirety and if you have any questions, consult Volunteer Services.
6. **Attire:** Please dress appropriately for the volunteer position you will be performing. We ask that you wear closed-toe shoes and that you refrain from wearing t-shirts or clothing with slogans. For women, please do not wear high heel shoes, short skirts, or low cut blouses. Bread & Roses volunteers are required to wear a head covering such as a baseball cap in order to comply with food handling regulations. Please feel free to contact Volunteer Services if you have any questions or need clarification.
7. **Problems or Concerns:** If you have any problems or concerns during your volunteer service, please address your concerns with your immediate program supervisor. If you do not feel that the problem has been resolved to your satisfaction, please contact the Volunteer Services Manager.
8. **Verification of Hours Letters and/or School Forms:** When you have completed your volunteer service, if you would like to receive a letter verifying your hours, please contact Volunteer Services. Any official forms including school forms must be signed by the Volunteer Services Manager and will be filed with your Volunteer Application.

Thank you for abiding by these policies. As a St. Joseph Center volunteer, you are a very important person in our agency, and we thank you for giving your time and talents to help the clients we serve!

Please Print Your Name: _____

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____

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