



SJC Staff Use Only

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

Confirmation Sent: \_\_\_\_\_

## St. Joseph Center Volunteer Application

*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.*

*If you are a student under the age of 18, please use the Student Application.*

*Please note that most volunteer positions require a minimum commitment of three months.*

### CONTACT INFORMATION

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

Name: \_\_\_\_\_ Birth Date: M \_\_\_ D \_\_\_ Y \_\_\_ Age \_\_\_ Sex: M \_\_\_ F \_\_\_

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

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Best number to reach you: \_\_\_\_\_

Email address: \_\_\_\_\_

### EMPLOYMENT INFORMATION

Which of the following best describes your current employment status?

- |                                    |   |  |
|------------------------------------|---|--|
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Self-Employed        | <input type="checkbox"/> Retired               |
| <input type="checkbox"/> Part-time | <input type="checkbox"/> Currently Unemployed | <input type="checkbox"/> Student (over age 18) |

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If unemployed or retired, please include your most recent place of employment: \_\_\_\_\_

Does your employer have a community relations department and encourage volunteerism among staff?

Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

### LOCAL EMERGENCY CONTACT

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

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

### HEALTH CARE PROVIDER OR MEDICAL DOCTOR

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

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

May we call your health care provider if you become ill? Yes \_\_\_\_\_ No \_\_\_\_\_

### QUESTIONNAIRE

How did you hear about St. Joseph Center? If through word of mouth, please include the name of the person that referred you as well as any group affiliation if applicable: \_\_\_\_\_

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 \_\_\_/\_\_\_/\_\_\_ or ongoing as of \_\_\_\_\_(date)

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 AND HOURS	
<input type="checkbox"/> Administrative Assistance	9:00 a.m. – 12:00 p.m. 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	9:30 a.m. - 12:30 p.m. Monday • Wednesday • Thursday 9:30 a.m. – 12:30 p.m. Tuesday (Food Pantry Set-up)
<input type="checkbox"/> Homeless Service Center	8:00 a.m. – 12:00 p.m. M-F
<input type="checkbox"/> Seasonal – Holidays	Hours vary during months of November and December
AFTERNOON VOLUNTEER OPPORTUNITIES AND HOURS	
<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 p.m. - 3:30 p.m. Tuesdays • Fridays

**Comments:** Please attach your resume if available and add any additional information that would be pertinent, including professional training and/or skills that you would be willing to provide as a pro bono service to St. Joseph Center (i.e. medical, legal, chiropractic, etc.): \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH ST. JOSEPH CENTER!**

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:** \_\_\_\_\_



## **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:** \_\_\_\_\_



## **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:** \_\_\_\_\_

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