



VOLUNTEER APPLICATION

Name:

(Last Name) (First Name) (Pronouns)

Address: _____

City: _____ State: _____ Zip Code: _____

Main Phone Number: (____)-_____ Date of Birth: ____/____/____

Email: _____ Second Language: _____

Church Affillate: _____

Emergency Contact Name, Relation: _____

Emergency Contact Number: (____)-_____ Name of Job/School: _____

Area(s) of Interest:

- Prepare/ serve a meal
- Mentor a program participant
- Child care/ support
- Transportation
- Organize a supply drive
- Staff support (evenings & weekends)
- Organize activities for children/ adults
- Service project (ie: painting, landscaping, electric work, etc)

Past Volunteer Experience:

Please explain why you are interested in volunteering with Family Promise/ special skills you have:

CONFIDENTIALITY AGREEMENT

I, _____, ACKNOWLEDGE THAT DURING MY WORK WITH Family Promise of Ozaukee County I will have access to and learn facts about individuals who are staying in the program. All information pertaining to these guests, including but not limited to, name, SSN, race, monetary status, marital status, and all information pertaining to any children in the program must be kept highly confidential. By signing this agreement, I understand and agree not to discuss or disclose any information pertaining to persons staying within the care of Family Promise of Ozaukee County, now or in the future. I hereby agree and recognize my responsibility to hold all information in confidence pertaining to guests in the Interfaith Hospitality Network program.

Your information will be added to our database. To opt out of information and update emails, initial here. _____

SIGNATURE: _____ DATE: ____/____/____

FOR YOUTH APPLICANTS

PARENT SIGNATURE: _____ DATE: ____/____/____



BACKGROUND CHECK

I am aware that a background check will be made, and I hereby give my permission for the release of such information. A police record does not necessarily invalidate your application to be employed by Family Promise of Ozaukee County.

Name:

(Last Name) (First Name) (Middle Name)

Please list all other names: alias, nicknames, maiden name, and/or previous married names:

Present address:

(Street Address) (City) (State) (Zip)

Date of Birth: ____/____/____ Driver's License: _____

Please list your addresses and dates of residence for the past five years:

Criminal History: (All questions must be answered to process the volunteer application).

Have you ever been convicted of a crime? Yes _____ No _____ If Yes, please explain:

Are you on probation for any reason? Yes _____ No _____ If Yes, please explain:

Do you have any pending criminal charges filed against you? Yes _____ No _____ If Yes, please explain.

All information provided above is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection.

I voluntarily and knowingly authorize any government agency, its officers, employees, and agents, and understand that Family Promise may recheck my background at any time.

I understand the use of my social security number and driver's license number may be requested to obtain a clear background check when other means are not successful. Failure to obtain a clear background check will result in the denial of my application.

I voluntarily and knowingly fully release and discharge, absolve, indemnify, and hold harmless, such agency, its officers, and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorney's fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release.

As a volunteer working with Family Promise of Ozaukee County, I understand that this is a volunteer position that entitles me to no pay or wages from Family Promise for my services. I understand that the information on this form will be added to the Family Promise database and that I may be contacted to volunteer in the areas specified.

I understand that upon approval, this volunteer agreement is valid for three years from the date of approval; however, either Family Promise or I can end this agreement without notice at any time. I understand that I am eligible to reapply yearly if this application is denied or revoked.

Incomplete applications will be returned to the applicant.

Signature: _____ Date: _____



CONFIDENTIALITY POLICY

It is the policy of Family Promise to protect the privacy of our clients and their families. We do this not only to comply with any applicable state and federal privacy laws, but also to promote an atmosphere of professionalism and trust. Unwarranted disclosure of confidential information can damage our relationship with clients and make it more difficult for us to help them. Therefore, ***no employee or volunteer may share confidential information about our clients or former clients with anyone outside of the agency without proper authorization.***

For the purposes of this policy, "confidential information" includes but is not limited to clients' names, case histories, financial records, health records, legal documents, photographs, oral statements and other personal data maintained by Family Promise in the form of notes, files, computer records, or similar materials. General information, policy statements or statistical data that is not identified with any individual or family is not confidential. "Proper authorization" means written consent from the client or by direction of a supervisor.

Staff members are responsible for maintaining the confidentiality of information relating to other staff members and volunteers in addition to clients.

Any violation of this policy may result in disciplinary consequences up to and including termination of employment or service. Violation of state and federal laws regarding confidentiality of records may result in criminal penalties and/or civil liability.

Nothing in this policy is intended to prevent an employee or volunteer from reporting a crime or child abuse or neglect to appropriate state and law enforcement agencies. Family Promise has endorsed the National Association of Social Worker's Code of Ethics, which outlines mandated reporting for intent to harm self or others (duty to warn), or child abuse/neglect.

Do's and Don'ts of Client Confidentiality

Do talk about Family Promise's programs and activities as well as your role in the organization, but do not disclose clients' names or talk about them in ways that could make their identity known to people outside Family Promise.

Do not reveal to people outside of Family Promise that an individual is or has been a recipient of services unless the client has given permission to do so.

Do obtain proper authorization from clients to share confidential information with outside parties in order to assist clients with achieving their case plan goals.

Do ask your supervisor for clarification if you are unsure about the confidential nature of specific information.

Do not remove any confidential information about clients maintained by Family Promise from the organization's premises without prior authorization from Family Promise.

ACKNOWLEDGEMENT OF CONFIDENTIALITY POLICY
(Please initial each statement and complete your agency role)

___ I acknowledge receipt of the Family Promise Confidentiality Policy and agree to follow all of the requirements of the policy.

___ I agree to protect and maintain the confidential information about clients and former clients and their families that I learn during the performance of my duties as _____.

___ I understand that violation of this policy may result in disciplinary action up to and including termination of my employment or service with Family Promise as well as any applicable civil or criminal liability.

___ I understand that I have an ongoing obligation to inform my supervisor immediately whenever any violation (intentional or otherwise) of the policy has occurred.

Signature of Staff Member/Volunteer _____

Print Name: _____ Date: _____

Signature of Witness/Supervisor: _____

Print Name: _____ Date: _____



GUEST RELATIONS AGREEMENT

Volunteers provide hospitality and promote the well-being of all Family Promise guests. Volunteers should be aware of the inherent power imbalance in their relationship with guests due to but not limited to, their episode(s) of homelessness, socioeconomic status, race, color, familial status, or disability status. While they are not professional social workers, volunteers play a significant role in the guest's life. As they work with guests, volunteers must represent Family Promise appropriately in all interactions.

All volunteers are required to follow these guidelines:

1. No proselytization. Family Promise is an interfaith, ecumenical organization.
2. Personal information should not be exchanged with guests, including but not limited to: phone numbers, home addresses, and email addresses.
3. Guests should not visit volunteers in their homes.
4. Volunteers should not interact with guests on social media.
5. Limit self-disclosure.
6. Display respect for the guests, including but not limited to: time, property, opinions, parenting style, etc.
7. Volunteers should not enter guest rooms without being accompanied by a staff person.
8. For safety of both volunteers and guests, volunteers should not accept responsibility for children in the program. Children must remain under the supervision of their parent(s) and within their eyesight at all times. Volunteers should not discipline guest children, change diapers or assist children in the restroom.
9. Unless the property is at risk or a person is in danger, volunteers should not comment or correct a guest's behavior. Concerns about guest behavior can be discussed with the advocate on staff.
10. Volunteers should not give gifts such as but not limited to money or items. Gifts should be given in the form of a donation to the organization in which Family Promise will handle it.*
11. Volunteers are encouraged to help guests search for employment, housing and other resources. Employment, housing and other resource leads should be brought to the advocate on staff, rather than directly to the guest.**

When Serving Meals

Because Family Promise is supported by religious congregations, topics of faith may arise in conversations between volunteers and guests. Recognizing that Family Promise claims no religious affiliation and serve guests of all backgrounds, the following are guidelines and suggestions for guest and volunteer relationships.

1. It is nice to hear your name, so learn the names of our guests too.
2. We all have bad days and sometimes we need to spend time alone. Depression, sadness, and hopelessness may come. Please allow guests space to deal with their emotions and be prepared to forgive outbursts, without judging them as ungrateful.
3. Grace and other prayers may be offered. However, people leading prayer should be mindful that they are speaking for everyone in the group and be respectful for varied faith backgrounds.
4. A volunteer should not initiate a discussion about religion with a guest; however, a guest may do so. Any conversation on faith should be handled with mutual compassion and respect.

5. A congregation should make reasonable accommodations for a guest family to observe their religious traditions. If the family has special religious requirements (such as dietary or observational needs), open communication and respect between guests and volunteers is expected. Family Promise staff will communicate known guest requirements to hosts beforehand, and other accommodations may arise by guests directly over the course of their stay.
6. Guests will be requested to neither proselytize nor criticize the religious practices of volunteers. Some leeway may be granted (for example open conversation between two parties in a nonjudgmental manner), but if this becomes problematic, inform the Family Promise staff.
7. Personal questions can be tough to answer, so don't put guests in awkward positions. If they need to talk, give them the chance but don't pry
8. Never assume that a guest can't hear you. Do not discuss guests' situations with other people. Respect their privacy.

*Family Promise does not wish to quash generosity or stop volunteers from helping in significant ways. If you perceive a particular need, and want to help, please call the Family Promise office. We will help the volunteer make the gift anonymously so that other guests are not made to feel unfairly treated.

**Many volunteers develop personal relationships with guests that continue as the guests move into housing. Additionally, there may be formal mentoring programs. These are to be encouraged but volunteers should carefully assess the dynamics of the relationship and discuss with Family Promise staff to ascertain at what level a relationship with a former guest is best for all concerned.

I, _____, have read and agree to follow the best practices as stated in this document.

(Signature)

(Date)