

**Shelter Volunteer Application**

**Mail or Fax To:** Kelly Harris, Council of Churches, PO Box 3947, Springfield, MO 65808, FAX 417-862-2129

Name \_\_\_\_\_ Date \_\_\_\_\_

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

Phone(s) home \_\_\_\_\_ cell \_\_\_\_\_ Birthdate \_\_\_\_\_

Email address \_\_\_\_\_ M/F \_\_\_\_\_ Age \_\_\_\_\_

Organization/ School/ Church/ Business connection \_\_\_\_\_

Do you have any special training or skills that make you especially useful for this program?

If so, explain:

Any physical limitations? Other limitations?

What work experience have you had?

What volunteer experiences have you had?

Do you have a friend or spouse you would like to serve with? \_\_\_ (Y or N)

Are they sending an application? \_\_\_ What is their name? \_\_\_\_\_

How often do you want to serve? \_\_\_ Weekly, \_\_\_ Every 2 weeks, \_\_\_ Monthly Start date \_\_\_\_\_

What nights can you serve? (circle all possible) Sun Mon Tues Wed Thurs Fri Sat

What hours are you able to serve? \_\_\_ 7 PM-8 AM Other \_\_\_\_\_

Further explanation of your time to serve.

**Please supply us with a reference that is familiar with you:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

We require a background check for each volunteer. If you already have a background check, you can send us a copy. The cost of the Missouri State Highway Patrol Criminal Record Check is \$10. Make checks payable to Safe to Sleep. Let us know if you need help to pay for the Background Check.

Social Security Number \_\_\_\_\_

Please list two (2) local persons we should call in the event of an emergency:

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

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

**Kelly Harris**

Program Coordinator, Council of Churches of the Ozarks

417- 862-3586 Ext 235

[kharris@ccoark.org](mailto:kharris@ccoark.org)

Please also sign the "Volunteer Agreement and Release from Liability".

**Council of Churches of the Ozarks, Inc.**  
**627 N. Glenstone Avenue, Springfield, MO. 65802**  
**Volunteer Agreement and Release from Liability**

In signing this form, I understand and agree to the following terms and conditions related to volunteer or staff services to SAFE TO SLEEP / COUNCIL OF CHURCHES OF THE OZARKS. Please initial each item.

(Please keep a copy of this form in each volunteers file for future reference)

<b>Volunteer Name:</b> (print)	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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1. I recognize that, as a volunteer I represent the above organization to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization. Initial here \_\_\_\_\_
2. I will maintain appropriate boundaries between client and myself: not accepting gifts, loaning money, providing special help outside of the shelter, providing them with my personal information, or becoming emotionally involved with them or their family members which might reduce professional judgment. Initial here: \_\_\_\_\_
3. I will not participate in and will report any and all instances of any sort of harassment, exploitation, and or intimidation. I will treat every person with respect and work to maintain an atmosphere of physical and emotional safety for everyone associated with the organization: (employees, volunteers, clients and visitors). Initial here \_\_\_\_\_
4. I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information. I will respect the all boundaries of professional behavior. Initial here: \_\_\_\_\_
5. I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my volunteer shift. I agree to update my personal information and emergency information as changes occur. Initial here: \_\_\_\_\_
6. I am aware that as a volunteer I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury. Initial here \_\_\_\_\_
7. I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts , howsoever caused, by any employee, agent, or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer. Initial here: \_\_\_\_\_
8. If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances. Initial here: \_\_\_\_\_

**I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.**

Volunteer Signature \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Volunteer's Phone Number:	Home: (    )	Mobile: (    )
Volunteer's Address:	Street	City
	State	Zip