

Hallie Q. Brown Volunteer Application

The information on this application will be used to better match your skills, abilities and interests to volunteer opportunities available at HQB. This information will be available only to staff at HQB who request volunteers. If you have any questions regarding the privacy of this information, please contact us at (651) 224-4601.

Position applying for (select as many as apply):

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Food Shelf | <input type="checkbox"/> Administration | <input type="checkbox"/> Special Events | <input type="checkbox"/> Archive Project |
| <input type="checkbox"/> Clothing Closet | <input type="checkbox"/> Photography | <input type="checkbox"/> Videography | <input type="checkbox"/> Gardening/Landscaping |

Name: _____

Address: _____ City: _____

Phone: _____ E-Mail: _____ Birthday: ___/___/___

Are you currently enrolled in school? Yes No

If yes, please list name of school enrolled in: _____

Are you or any of your family members currently enrolled in any of HQB's programs, including the Early Learning Center, Youth Enrichment Program or Food Shelf? Yes No

If yes, please list which program: _____

Do you have a valid driver's license? Yes No

If yes, do you have any moving violations or accidents in the past three years? Yes No

Do you have regular access to a car? Yes No

If yes, do you have auto insurance for the car? Yes No

Do you have any disabilities, injuries or medical conditions that could put you or others at risk while working in this volunteer position? Yes No

If yes, please explain _____

Have you ever been convicted of a crime? Yes No

If yes, please provide details _____

Please provide details of any volunteer history _____

Do you have any other comments or information to include in consideration of volunteer opportunities? _____



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Volunteer Terms and Conditions

- In making this application to be a volunteer, I understand that Hallie Q. Brown Community Center Inc. routinely does criminal and/or driving record checks of all volunteers. By signing below, I authorize Hallie Q. Brown Community Center Inc. to conduct this/these check(s). If I fail to provide my signature, it may be grounds for rejection of me as a volunteer.
- I give Hallie Q. Brown Community Center Inc. permission to take photos of me during volunteer events for use in publication and advertising.
- I agree to inform Hallie Q. Brown Community Center Inc. of any changes in my driver's license status, if applicable.
- I release Hallie Q. Brown Community Center Inc. from the liability in the event of injury during my volunteer activities
- I certify that the information contained in this application is true and complete to the best of my knowledge.

Volunteer Confidentiality Agreement

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single staff, volunteer, client, or other person or involves overall agency business

All information gathered concerning a client and/or sensitive information about an agency is to be held confidential and shall not be shared or released to anyone other than administrative and program staff of Hallie Q. Brown Community Center, Inc.

Failure to maintain confidentiality may result in termination of the volunteer's relationship with the agency or other corrective action.

I have read the above information on client confidentiality and understand the importance of keeping client information confidential.

Signature

Date

