



West Valley Community Services, Inc.

Volunteer Application

ID: _____

For WVCS staff use:

Please PRINT clearly on the form.

First Name	Middle Initial	Last Name	Date (mm/dd/yyyy)
Address		Home phone	
		Work phone	
City	Zip code	Cell phone	
Email (By providing your email, you are automatically added to our mailing list)		Birthday (mm/dd/yyyy)	
Under 18? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If under 18, you must have a signed Parental Consent/Liability Waiver</i>			

Are these volunteer hours required? <input type="checkbox"/> Yes <input type="checkbox"/> No	School/Program Name _____	# of hrs _____
When can you start volunteering? _____	Ending date? _____	

Type of Volunteer Work Desired: (check all that apply):

- | | | | |
|---------------------------------------|--|---|--|
| <input type="checkbox"/> Computer Lab | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Office Assistant | <input type="checkbox"/> Summer Youth Volunteer Club |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Gleaner/Driver | <input type="checkbox"/> Special Events | <input type="checkbox"/> Translator |
| <input type="checkbox"/> Front Desk | <input type="checkbox"/> Nutrition Program | <input type="checkbox"/> Special Projects | <input type="checkbox"/> Other: _____ |

Availability Matrix – Please specify which days and times you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning – 8:00 - 12:00					
Afternoon – 1:00 - 5:00					
Evening – 5:00 - 8:00	Closed		Closed		Closed

Substitute VolunteerI am interested in being a substitute volunteer: Yes No

Substitute volunteers “fill-in” for volunteers who cannot make their scheduled shift(s). This position is on call and subject to your availability, and may be done in addition to other volunteer shifts you have.

Emergency Contact Information

Emergency Contact Name	Relationship	Contact number 1	Contact number 2
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Please help us keep our hunger and homeless prevention services operating. Volunteer employment information is optional; however, grant providers may request this information as part of a grant request. The ability to provide such information may increase the likelihood of WVCS receiving such grants. Organizations may also gift match volunteer hours or award grants to organizations regularly supported by an employee.

My employer is: _____

Please only fill out the following section if you are interested in working as a Gleaner/DriverAre you able to comfortably lift about 25 lbs? Yes NoAre you a **Licensed California** driver? Yes No

Driver's License # _____

(Please provide a photocopy of your license for insurance purposes.)

10104 Vista Drive | Cupertino, CA 95014

Phone (408) 255-8033 | Fax (408) 366-6090

www.wvcommunityservices.org | volunteer@wvcommunityservices.org

How did you learn about WVCS? _____

Why are you interested in volunteering with WVCS? _____

Aside from English, please list any languages you are fluent in and list your competency. _____

Please list any other agencies you are currently volunteering for. _____

Please list any relevant work or volunteer experience/skills. _____

Please describe any physical limitations. _____

Have you ever been convicted of a felony? If yes, please explain the nature of the felony and the date of conviction and disposition.
(Conviction of a felony is not an automatic disqualification for volunteer work.) _____

Please only fill out the following section if you are interested in working at the Front Desk

Are you able to commit to at least 6 months in this position? Yes No

What type of environment do you work best in? _____

What do you generally do when a client comes to you with a question you cannot answer, perhaps because you do not know the answer?

How do you deal with stress or difficult/angry clients? _____

What do you think are the most important abilities/qualities for a person working at the Front Desk? _____

What software are you comfortable with when it comes to office documentation and office administration? _____

Please only fill out the following section if you are interested in working in the Food Pantry

Are you able to comfortably lift about 25 lbs? Yes No

How would you make a customer feel welcome in the Food Pantry? _____

How would you diffuse a situation with an upset client? _____

What would you do if you noticed a client was not following Food Pantry rules? _____

**WEST VALLEY COMMUNITY SERVICES
VOLUNTEER RELEASE AND CONFIDENTIAL INFORMATION AGREEMENT**

Thank you for volunteering with West Valley Community Services. We are delighted by your desire to join our efforts to ensure that every child and adult is free from poverty. With more than 4,000 people WVCS serves in the West Valley, the task is enormous, and your time with us makes a difference to the community members we serve.

In consideration of the opportunity afforded me to participate as a volunteer for West Valley Community Services, I agree as follows:

- 1. Voluntary Participation.** I acknowledge that I have voluntarily applied to be a volunteer for West Valley Community Services. I understand that as a volunteer, I will not be paid for my services, and that I will not be covered by or eligible for any West Valley Community Services insurance, health care, worker's compensation, or other benefits. I understand that my participation with West Valley Community Services may be terminated at any time by West Valley Community Services or by me.
- 2. Volunteer Policy.** I acknowledge that I have received a copy of the West Valley Community Services Volunteer Handbook. I understand that I am responsible for knowing and complying with the policies set forth in the Volunteer Handbook during my association with West Valley Community Services.
- 3. Confidential Information.** I understand that during my participation as a volunteer for West Valley Community Services, I may have access to sensitive or confidential information. This confidential information may include, but is not limited to: identity, address, contact information, race, disability status, and income information relating to recipients of West Valley Community Services. I understand that taking notes, copying records, or removing records is specifically prohibited. At all times during my participation, **I will hold in confidence and will not disclose or use any such confidential information** regarding other volunteers, donors, and those whom we serve, except as may be required by my duties as a volunteer for West Valley Community Services, or as expressly authorized in writing by the Executive Director of West Valley Community Services.
- 4. Assumption of Risk.** I am aware that, in participating as a volunteer, I may be exposed to personal injury or death or damage to my property or equipment as a result of my activities, the activities of recipients of West Valley Community Services, employees, other volunteers, the materials or equipment used, or the conditions under which my volunteer services are performed. I understand that my own safety is my own personal responsibility, and that I am free at any time to refuse, and should refuse, to do anything with West Valley Community Services that I believe poses a hazard to me or anyone else, or to my property or anyone else's. **With knowledge of these risks, I agree to accept any and all risks of personal injury or death or damage to my property.**
- 5. Release of Liability.** I agree that I, my successors, assignees, heirs, insurers, agents, guardians, and legal representatives **waive and release any rights, actions, or causes of action** against West Valley Community Services, its officers, directors, and employees, the suppliers of any materials used, and any of West Valley Community Services volunteers, or recipients of West Valley Community Services, (collectively, the "released Parties") **for injury, death, loss of use, damages arising out of or resulting for the acts or omissions of any person or entity or my activities as a volunteer.** This includes, without limitation, negligence of any of the Released Parties, whether active or passive, sole or comparative, or other negligence, however caused, arising from or relating to West Valley Community Services or my participation with West Valley Community Services in any way. I understand that West Valley Community Services would not allow me to participate as a volunteer without my agreeing to this waiver and release and the other terms of this agreement.
- 6. Medical Release.** I release and forever discharge the Release Parties from any claim whatsoever arising or that may arise on account of any first aid, treatment, or medical service, including the lack of such or timing of such, rendered in connection with my participation as a volunteer.

7. **Media Authorization.** I consent to the unrestricted use by West Valley Community Services, or any person authorized by West Valley Community Services, in any medium, including the Internet, of any photographs, recordings, interviews, videotapes, film, or similar visual or auditory recordings of me created in connection with my participation as a volunteer.
8. **My Information.** I understand that West Valley Community Services will keep confidential and will not disclose or use for its benefit, other than in connection with the programs and services that West Valley Community Services provides, information that I provide to West Valley Community Services, except to the extent that such information is required to be disclosed by law.
9. **Return of Property.** At the end of my participation as a volunteer, or upon West Valley Community Services' request at any other time, I will deliver to West Valley Community Services all of West Valley Community Services' property, equipment, and documents, together with all copies, regardless of whether such property contains confidential information.
10. **Severability, Survival, and Waiver.** If any provision in this Agreement is held invalid or unenforceable, the other provisions will remain enforceable, and the invalid or unenforceable provision will be considered modified so that it is valid and enforceable to the maximum extent permitted by law. I understand that this agreement will survive the termination of my participation and the assignment of this Agreement by West Valley Community Services to any successor or other assignee and will be binding upon my heirs and legal representatives.
11. **Background Check.** I understand that the information contained on my application will be verified by West Valley Community Services and I hereby give permission for West Valley Community Services to contact anyone it deems necessary to investigate or verify any information provided by me to discuss my suitability for a volunteer position. I voluntarily and knowingly waive all rights to bring an action for defamation, invasion of privacy, or similar cause of action against anyone providing such information. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with West Valley Community Services or my termination as a volunteer.
12. **Health Screening.** I understand that West Valley Community Services has to comply with government health and safety standards. I agree to uphold these standards and will undergo any necessary health screening, such as a tuberculosis test, when asked to.

This Agreement will be effective as of the date _____.

Please **PRINT** to fill out the fields below.

I have read, understand, and accept this Agreement and have been given adequate time to review it and ask questions.

Volunteer's Signature: _____

Printed Name: _____

Note: If you are unable to digitally sign the document, just submit it and you can sign it by hand at our organization. If you are having trouble submitting the form, print it out and bring it with you to Volunteer Orientation.

THANK YOU FOR VOLUNTEERING WITH WEST VALLEY COMMUNITY SERVICES!