



# The Open Door of Delta, Inc.

## VOLUNTEER APPLICATION

The Open Door of Delta, Inc. relies on the participation of volunteers to support our mission. If you would be interested in applying for a volunteer position, please complete both sides of this application and return it to The Open Door administrative office. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in The Open Door of Delta, Inc.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

Best way to reach you (circle one) Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

RSVP Member:	Yes	No	Occupation:		Retired?	Yes	No
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Please tell us about any talents or skills you have that you feel would benefit our organization.

\_\_\_\_\_  
\_\_\_\_\_

Please indicate days available: Mon Tue Wed Thur Fri Sat

Times Available: From \_\_\_\_\_ To \_\_\_\_\_

Any Physical limitations? \_\_\_\_\_

In case of emergency contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_

*As a volunteer of The Open Door of Delta, Inc. I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that The Open Door of Delta, Inc., its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform, for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I also understand and agree all donations received are the property of The Open Door of Delta, Inc. and I am not entitled to any donations other than those that I have obtained through the donation purchasing process.*

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

(See Other Side)

**Have you ever been convicted of a felony or any act of violence?**    \_\_\_ Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

I authorize The Open Door of Delta, Inc. to conduct a criminal history background check as part of the application process.

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

**Confidentially Agreement**

I acknowledge that any personal information I receive about anyone receiving assistance from any Open Door program must be kept in the upmost confidence. This includes information about individuals requesting assistance through the Thrift Store, any assistance programs and Transition Center. Every individual seeking assistance through an Open Door program deserves respect and the dignity of having their personal affairs kept confidential. At no time are you to confirm, discuss, or verify a resident's situation, regardless if a resident shares or gives you permission to do so. All calls about residents are to be referred to the Executive Director or designee.. As a volunteer, you do have the responsibility to alert the Executive Director of any situation that endangers the health, safety or welfare of other volunteers and customers.

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

**Photo Use Release:**

I, \_\_\_\_\_, hereby grant and authorize The Open Door of Delta, Inc. the right to take, edit, alter, copy, exhibit, publish, distribute and make use of any and all pictures or video taken of me to be used in and/or for all legally promotional materials including, but not limited to newsletters, flyers, brochures, advertisements, fundraising letters, annual reports, press kits, and submissions to journalists, websites, social networking sites and other print and digital communications without payment or any other consideration. This authorization extends to all languages, media, formats and markets known or hereafter devised. This authorization continues indefinitely unless I otherwise revoke said authorization in writing

I understand and agree that these materials shall become the property of The Open Door of Delta, Inc. and will not be returned.

I hereby hold harmless, and release The Open Door of Delta, Inc. from all liability, petitions and causes of action which I, my heirs, representatives, executors, administrators or any other persons may make while acting on my behalf or on behalf of my estate.

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

**For Office Use Only**

Director's Signature \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_ Database Entry Complete    \_\_\_ Orientation \_\_\_/\_\_\_/\_\_\_    \_\_\_ Emer. Med Form