

**The Open Door of Delta, Inc.**  
**Student Volunteer Registration**  
**Form**

For Office Use:  
 \_\_\_ Emergency Medical Form  
 \_\_\_ Database Entry Completed

Please print clearly.

<b>Volunteer's Information</b>				<b>Today's Date:</b>	
<b>First Name:</b>				<b>Last Name:</b>	
<b>Preferred Name or Nickname:</b>					
<b>Circle One:</b>		Male      Female		<b>Date of Birth:</b>	
<b>Home Phone:</b>				<b>Cell Phone:</b>	
<b>Address:</b>				<b>City:</b>	
<b>State:</b>				<b>Zip Code:</b>	
<b>Email Address:</b>					
<b>What is the best way to contact you? Circle one:</b>			Email      Phone		
<b>Physical/Medical Limitations/Allergies:</b>					
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<b>School/Organization requiring hours:</b>	
<b>Number of Hours Required:</b>	<b>Date Hours Need Completed By:</b>

<b>Please indicate your volunteer time availability. Fill in Time (i.e. 9 – 12)</b>					
Mondays:	AM	PM	Tuesdays:	AM	PM
Wednesdays:	AM	PM	Thursdays:	AM	PM
Fridays:	AM	PM	Saturdays:	AM	CLOSED

<b>Record of volunteer hours:</b>						
<b>Date</b>	<b>Check In Time</b>	<b>Supv. Init.</b>	<b>Check Out Time</b>	<b>Supv. Init.</b>	<b>Daily Hours Worked</b>	<b>Total Hours Worked</b>

<b>Describe any volunteer experience you have:</b>

I understand that my service to any Open Door Agency is voluntary and that I am not an Employee. I will not hold liable any of The Open Door of Delta, Inc. agencies or programs, any of their Agents or Representatives, for any injuries which may result from my volunteer work.	----- Volunteer Initials (Parent or Guardian if volunteer is under 18)
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<b>Confidentiality Agreement:</b>			
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, BRIDGE Center 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 the Client Services Liaison. 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.			
Volunteer Signature:		Date:	
Director Signature:		Date:	

<b>Parent or Guardian Permission (If applicant is under 18)</b>	
I approve and give my permission for (Name) _____ to participate as a volunteer to The Open Door of Delta, Inc. I will not hold liable any of The Open Door of Delta, Inc. agencies or programs, any of their Agents or Representatives, for any injuries which may result from his/her volunteer work.	
_____ Name (Please Print)	_____ Signature
_____ Relationship to Volunteer	Date: _____