

The Open Door of Delta, Inc.
Volunteer Registration Form

For Office Use:

___ Emergency Medical Form ___ Welcome Letter
 ___ Database Entry Completed
 ___ Orientation Completed ___/___/___

Please print clearly.

Volunteer's Information				Today's Date:	
First Name:				Last Name:	
Preferred Name or Nickname:					
Circle One:		Male Female		Date of Birth:	
Home Phone:				Cell Phone:	
Address:				City:	
State:				Zip Code:	
Email Address:					
What is the best way to contact you? Circle one:			Email Phone		
Physical/Medical Limitations/Allergies:					
RSVP Member:		Yes No		Occupation:	
				Retired?	
				Yes No	

What days and hours would you like to volunteer to work in the back room? Please check all that apply.

Receiving/Pricing/Sorting	M – T – W – TH - F	Mornings	Afternoons	All Day
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Please indicate your volunteer time preferences if you would like to work Thrift Store. Circle all that apply.

Mondays:	9am to 1pm	1pm to 5pm	Tuesdays:	9am to 1pm	1pm to 5pm
Wednesdays:	9am to 1 pm	1pm to 5pm	Thursdays:	9am to 1pm	1pm to 5pm
Fridays:	9am to 1pm	1pm to 5pm	Saturdays:	10am to 1pm	

Comments about schedule:

Continued on back....

Experience: Please describe your work experience, hobbies, other languages spoken, or any skills that might be helpful to our organization.

Describe any volunteer experience you have.

Have you ever been convicted of a felony or any act of domestic violence?	Yes	No
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If yes, please explain:

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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

Confidentiality 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, 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:	

Emergency Contact Person:		Phone:	
Relationship to You:		Alternate Phone:	