



South County Community Services - Volunteer Application

Date _____ Youth _____ Adult _____ Senior _____ Veteran _____

Name _____ Birth date _____

Address _____ PO Box _____

City/State _____ Zip _____

Phone Number: Home: _____ Cell: _____ Email _____

Employment and Volunteer Experience:

Are you employed? Yes ___ No ___ Current Employer _____

Previous volunteer service: _____

Current volunteer service: _____

List interests, skill, training, hobbies:

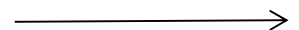
List times you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

Please list any physical restrictions:

Mark areas of interest:

- Children's Programming
 Senior Programming
 Fundraising
 Adults with Disabilities
 Office Receptionist
 Board/Committees
 Holiday Projects
 Clothing Shop
 Metro Share Van
 Food Pantry
 On Call
 Not Sure



Reason for volunteering:

How did you hear about South County Community Services?

Emergency Contact _____ Relationship _____

Complete Address _____ Phone # _____

Have you ever been convicted of a felony? _____ If yes, please explain _____

Confidentiality Agreement

As a volunteer, I agree to hold confidential all information that I may have access to about clients or former clients of South County Community Services. I will not share any information with unauthorized people including other volunteers. The personal data you provided above is considered confidential and will not be used only on a need-to-know basis for administrative purposes.

I will act, dress and perform all duties in a professional manner. I will be expected to be diplomatic on all dealings with the public. I agree to attend scheduled training sessions, give timely notice of any unexpected absence and inform the Executive Director of any changes in my address and/or telephone number.

Date _____ Name (Print) _____

Signature _____

Release of Liability

When volunteering for South County Community Services, I have a right to decline any volunteer tasks requested of me and I am fully responsible for protecting my body from any harm and for any and all choices I make including yet not limited to:

- Lifting, moving, or carrying heavy objects such as food, clothes, furniture, etc.
- Assisting disables, frail or elderly clients to walk, sit or stand, etc.

I accept responsibility for my choices and release both the Village of Vicksburg and South County Community Services from any liabilities, damages, losses, claims, causes of action, and suits of law pertaining to any harm I may receive from my choices.

Date _____ Signature _____