



Turnstone

VOLUNTEER APPLICATION

Turnstone is an equal opportunity organization. Applicants to volunteer are considered for participation without regard to race, color, national origin, religion, sex, age, sexual orientation, disability, citizenship status, or any other basis prohibited by law. Turnstone will comply with its obligation to provide reasonable accommodation to qualified individuals with disabilities. Turnstone is committed to selecting volunteers based on their character, ethics, interest and ability to participate in our Programs. It is imperative that the character and reputation of our volunteers be above reproach. For this reason, it is necessary that Turnstone verify information about each applicant's background. This is for the protection of our employees, volunteers, and program participants.

Please print and answer all questions

CONTACT INFORMATION

Mr. Mrs. Ms. Name: _____ Birth Date: _____

Phone (home): _____ (business): _____ (cell): _____

Home Address: _____

City, State, Zip: _____

Email Address: _____

Employer/School: _____ Occupation: _____

Does your employer have a matching funds program tied to volunteering? Yes No Unsure

Contact in case of emergency: _____ Relationship: _____

Emergency Contact Phone: _____

Do you require any specific accommodations? _____

PLACEMENT

Is your volunteer service: Personal Interest School related Court Ordered Other _____

Are there a certain number of hours you prefer or are required to volunteer? Yes No If yes, how many? _____

Which do you prefer? Long term assignment Short term assignment One time project Group project

Availability (please check all that apply & indicate times: Flexible Weekends: Sat. (___to___) Sun. (___to___)

Mon. (___to___) Tue. (___to___) Wed. (___to___) Thurs. (___to___) Fri. (___to___)

What type(s) of volunteer service are you interested in offering? (please check all that apply)

- Client support Childcare Preschool classroom Group facilitation Grounds & gardening Staff support
- Sports & rec. Crafts Clerical Other: _____

Which focus area(s) do you prefer? (please check all that apply)

- Adult Day Services Children's services Center General operations support

Do you have any special skills you would like to contribute? _____

EDUCATION

	<u>College or Special</u>					<u>Graduate</u>						
Circle last year completed:	8	9	10	11	12	13	14	15	16	17	18	19

BACKGROUND

What is your previous volunteer experience? _____

What do you hope to gain from volunteering at Turnstone? _____

References *(please list people who know you well and can attest to your character, skills and dependability)*

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Have you ever been convicted of or pled guilty to a crime? Yes No

If yes, please state when, where and final outcome: _____

APPLICANT'S STATEMENT

(Please indicate that you have read and that you understand each paragraph of this Applicant's Statement by placing your initials beside each paragraph.)

_____ I certify that this application was completed by me and that all entries on it and all information in it are TRUE and COMPLETE to the best of my knowledge.

_____ I authorize investigation of all statements contained in this application as may be necessary in arriving at a decision. In making this application, I understand that information may be obtained through interviews with the references. This inquiry may include information as to my character, general reputation, and personal characteristics. I consent to this review and to the consideration of any statements of references or former employers that are given in response to the inquiry.

_____ I hereby release all parties, including **Turnstone** and references, from liability for any injury or damage that may result from their furnishing information concerning me or any action **Turnstone** takes on the basis of such information.

Date

Signature of Volunteer Applicant

If volunteer applicant is under the age of 18, application must also be signed by parent or guardian.

Parent or Guardian of Volunteer Applicant



Turnstone

REQUEST FOR RELEASE OF LIMITED CRIMINAL HISTORY INFORMATION

I the undersigned, hereby authorize and give my consent to the Fort Wayne Police Department, Allen County, Indiana; the Allen County Police Department, Allen County, Indiana; and the State Police of Indiana; and Turnstone, Fort Wayne, Indiana; to release any and all criminal history information regarding myself, as that information appears in the records, for the purpose of volunteering at Turnstone.

I hereby waive, release, and surrender any and all rights to claims which I may have against the Fort Wayne Police Department, Allen County, Indiana; the Allen County Police Department, Allen County, Indiana; the Indiana State Police; or Turnstone of Fort Wayne, Indiana; and any of their officers or employees, that may arise as a result of the release of this criminal history information.

INFORMATION (please print)

NAME: _____ MAIDEN NAME: _____

DATE OF BIRTH: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SIGNATURE: _____ DATE: _____

WITNESS: _____ DATE: _____



Turnstone

Volunteer / Student Intern / Observer Confidentiality Policy

I shall hold in confidence all pertinent information. I will not violate the confidential relationship between Turnstone staff, volunteers, and clients and I will not remove any written records from the office without expressed permission.

I accept full responsibility for maintaining the confidential and private nature of all records and information. I understand that I am personally responsible and liable for any violation of this statement.

Signature

Date

Witness

Date

Revised 7/26/11