



People Helping People



# **VOLUNTEER**

## **Application**

Bartlett Center  
409 S. 18<sup>th</sup> St.  
St. Joseph, MO 64501  
Phone: 816-233-8201  
Fax: 816-233-3800  
[www.bartlettcenter.com](http://www.bartlettcenter.com)

# Volunteer Services Application



Thank you for your interest in volunteering at Bartlett Center. You **MUST** complete this application in its entirety. Upon completion of your application, someone will be in touch with you soon about scheduling your Volunteer Orientation.

## Personal Information

Today's Date			
First/Last Name			
Date of Birth			
Street Address			Apt.
City, State, Zip			
Phone	Home:	Work:	
Employer			
Does your employer match charitable gifts?	<input type="radio"/> Yes	<input type="radio"/> No	
Retired?	<input type="radio"/> Yes	<input type="radio"/> No	<b>If yes, from where?</b>
Emergency Contact	Relationship:		Phone:

## Transportation Information

<b>Do you have source of transportation to the Center?</b> <input type="radio"/> Yes <input type="radio"/> No	
<b>If so, please list source</b>	
<b>If you drive to the Center, please supply the following information:</b>	
Vehicle Year _____ Vehicle Color _____ Vehicle Make _____ Vehicle Model _____	
License Plate# _____ State of Issue _____	

## Volunteer Involvement

Interested in volunteering as an  Individual  With a Group

If a group, what is the group's name? \_\_\_\_\_

Group Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

### What type of volunteer work are you interested in? (please check all that apply):

- |  |  |   |
|--|--|---|
| <input type="radio"/> Check In             | <input type="radio"/> Youth Services                                   | <input type="radio"/> Gymnasium               |
| <input type="radio"/> Warehousing          | <input type="radio"/> Kitchen Assistance                               | <input type="radio"/> Donation Acquisition    |
| <input type="radio"/> Fundraising          | <input type="radio"/> Volunteer Recognition                            | <input type="radio"/> Special Projects        |
| <input type="radio"/> Office/Clerical      | <input type="radio"/> Activities                                       | <input type="radio"/> Building Maintenance    |
| <input type="radio"/> Landscaping/Grounds  | <input type="radio"/> Program Services                                 | <input type="radio"/> Front Desk Supervisor   |
| <input type="radio"/> Other _____<br>_____ | <input type="radio"/> Van driving (Please<br>supply information below) | <input type="radio"/> Life Enrichment Program |

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Full Name on Driver's License: \_\_\_\_\_

## What other volunteer work have you done?

## Skills/Talents/Expertise

Please check any skills, talents, hobbies, resources and/or areas of expertise you have and would be willing to share with the Bartlett Center.

### Social Services

- Social Worker
- Counselor
- Other \_\_\_\_\_

### Medical

- Physician/Dentist
- RN/LPN
- Trained in HIV education/prevention
- Other \_\_\_\_\_

### Experience

- Tutor
- Mentor
- Customer Service
- Teach English (TESL)
- Special Event Planning/Fundraising
- Retail
- Other \_\_\_\_\_

### Office Skills

- Bulk Mail Processing
- Telephone Work/Receptionist
- Data Entry
- Other \_\_\_\_\_

### Talents/Hobbies

- Photography
- Creative Writing
- Music/Art History
- Drama
- Other \_\_\_\_\_

### Skills

- Computer Training
- Job Training
- Electrician
- Plumber
- Construction
- Landscaping
- Painting
- Culinary Arts
- Masonry
- Carpentry
- Other \_\_\_\_\_

### Availability

Please check the times that you are available. This does not obligate you to these times, but simply allows us to place you in the correct role for your availability.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Afternoon	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Evening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### Preventative Issues

**Do you have health issues/problems that may affect your ability to volunteer at Bartlett Center?**

No       Yes

If yes, please explain:

### References

**Please supply two references that we may contact (one relative and one non-relative):**

Relative's Name	Non-Relative's Name
Phone Number	Phone Number
E-mail	E-mail
Relationship:	Relationship:

### How did you hear about Bartlett Center?

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Comments:

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## Confidentiality Agreement

Confidentiality is of utmost importance at the Bartlett Center. All information about current or former clients or any information seen in files or overheard must be kept confidential. No information can be divulged to unauthorized personnel inside or outside the Center. Violation of this policy could result in either civil action for the collection of monetary damages, and or suspension or dismissal.

In connection with my volunteer activities with Bartlett Center, I agree to hold all information about Confidentiality is of utmost importance at the Bartlett Center. I agree to hold all information about the Center's clients or former clients confidential and will not divulge any information to unauthorized personnel inside or outside of the Bartlett Center. I further agree that I will not remove any information and/or records regarding Bartlett Center clients. I understand that if I divulge confidential information to unauthorized persons, I am subject to either civil action for the collection of monetary damages, and/or suspension or dismissal. In order to safeguard the Bartlett Center's client information, I understand that I will not discuss or release any information regarding the Bartlett Center clients. I have read, understand, and agree to comply with the above statements.

By signing below, I signify that I have read and understand the Confidentiality Agreement state above.

I agree to the terms of this Confidentiality Agreement this \_\_\_\_\_ day of \_\_\_\_\_.

Name: \_\_\_\_\_

Signature \_\_\_\_\_

## Volunteer Agreement

As a Volunteer at the Bartlett Center, I agree to the following:

On Volunteering:

1. Be on time.
2. If you cannot volunteer at your scheduled time, please notify the Programs Manager as far in advance as possible.
3. Please do not consume alcohol or other drugs before or while volunteering at the Center.
4. Please do not smoke inside the Center.
5. Leave valuables at home or locked out of sight in your car.
6. Dress casually.
7. Sign-in and out at the front desk. Meal Service groups sign in the kitchen.
8. Wear a volunteer badge.
9. Report any incidents of sexual or physical harassment to the Programs Manager.
10. To avoid discriminating against anyone's religious beliefs, religious instruction and the observance of any group practices are prohibited on the Center property.
11. Please direct problems, questions, or suggestions to the Programs Manager.
12. Volunteers may be dismissed by the Programs Manager for poor attendance, poor performance, or, with warning, for actions contrary to Center's policies.

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By signing below, I signify that I have read and understand the Volunteer Agreement stated above and will abide by the policies and procedures to the Bartlett Center.

I \_\_\_\_\_ (please print your name) agree to the terms of this

Volunteer Agreement this \_\_\_\_\_ day of \_\_\_\_\_.

## Volunteers

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Please mark below the program you would like to volunteer for and the hours you could help.

**Summer Youth Program      10 a.m. to 6 p.m.**

Number of days you can help: \_\_\_\_\_ Hours: \_\_\_\_\_

**Senior Meals                      7 a.m. to 2 p.m.**

Kitchen Help

Number of days you can help: \_\_\_\_\_ Hours: \_\_\_\_\_

**Meal Delivery                      10:30 a.m. to 6 p.m.** Hours: \_\_\_\_\_  
**(Daily, no weekends)**

Days you can deliver: \_\_\_\_\_

**Child Care                          7:30 a.m. to 6 p.m.** Hours: \_\_\_\_\_  
**(5 days week)**

Days you can help: \_\_\_\_\_

**Latch Key                          3 p.m. to 6 p.m.** Hours: \_\_\_\_\_  
**(After School Program)**

Number of days you can help: \_\_\_\_\_

**Tutoring                              3 p.m. to 5 p.m.** Hours: \_\_\_\_\_  
**(After School Program)**

Number of days you can help: \_\_\_\_\_