



VOLUNTEER APPLICATION
(Please print legibly)

Your Name _____ Application Date _____
Address _____
City _____ State _____ Zip _____
Phone _____ Date of Birth _____
Email Address (Please print legibly) _____
Residence: Year Around ____ Seasonal ____ (Arrival Date _____ Depart Date _____)

PERSON TO CONTACT IN CASE OF EMERGENCY

Name _____ Relationship _____
Address _____ City _____ State _____ Zip _____
Contact Phone Numbers 1st _____ 2nd _____

NOTE: You must exclude yourself from any duties requested of you that you are physically unable to perform.

If you are a SERVICE LEARNING STUDENT, please complete the following:

Name of School _____ Course _____
Name of Professor _____ Phone Number _____
Number of Hours Required _____ What is required by your professor upon completion of your service learning hours? _____

VOLUNTEER INTERESTS

- 1. _____ Boutique (Sales assistant, clean and repair merchandise, organize, clean & stock boutique)
- 2. _____ Call Center (Answer phones, forward calls, compile pickup details for schedulers)
- 3. _____ Donation Center (Sort, organize, sales assistant, receive donations, move furniture, assist customers)

I submit this modified application with the understanding that I may only volunteer in those areas listed above.

By signing below, I hereby attest that I have not been convicted nor am I under pending indictment of committing, attempting to commit, soliciting, or facilitating or conspiring to commit any felony crime in Arizona or any other jurisdiction. I also attest that I am not under pending indictment as a sex offender or subject to registration as a sex offender in Arizona or in any other jurisdiction.

Note: Your failure to disclose true and accurate information will be sufficient grounds to immediately end your ability to volunteer with Sunshine Acres Children's Home's Donation Center or any other area.

Signed _____ Date _____

Days/Hours Available (Select days and give specific hours you will be available)

_____ Morning _____ Afternoon _____ All Day
_____ Mon _____ Tues _____ Wed _____ Thurs _____ Friday _____ Saturday _____ Sunday



Confidentiality Policy

As a volunteer at Sunshine Acres Children's Home, I understand that I must, in accordance with Sunshine Acres Children's Home volunteer policies and DES regulations abide by the same child confidentiality and professional standards as paid staff. Contact between the child and Sunshine Acres Children's Home is a highly privileged and confidential relationship, and it is the responsibility of staff (paid and unpaid) to hold in absolute confidence any and all information concerning a child.

_____ Initial All information regarding admitted children of Sunshine Acres Children's Home of Mesa, Arizona, and/or their parents, family, legal guardians, or those charged with their care, is confidential and shall be treated as such, and shall not be divulged to unauthorized personnel.

_____ Initial All information regarding employees of Sunshine Acres Children's Home of Mesa, Arizona, and/or family, is confidential and shall be treated as such, and shall not be divulged to unauthorized personnel.

_____ Initial Employees or volunteers found to be in violation of this policy may have their relationship with Sunshine Acres terminated.

Volunteer Pledge

Believing that Sunshine Acres Children's Home has a real need of my services as a volunteer, I will be punctual and conscientious in the fulfillment of my duties and accept supervision gracefully. I will conduct myself with dignity, courtesy, and consideration. I will consider as confidential all information which I may hear directly concerning a child, house parent or any member of the staff, and will not seek confidential information in regard to a child. I will take any problems, criticisms or suggestions to the Volunteer Coordinator. I will uphold the Christian Mission Culture and standard of excellence of Sunshine Acres Children's Home and will interpret them to the community at large.

Volunteer Disclaimer

I understand that I participate as a volunteer at Sunshine Acres Children's Home at my own risk. In the event of an injury, I personally accept responsibility for the full expense of medical attention as well as other expenses arising out of such injury. Some projects may have inherent risks associated with them, and I personally accept responsibility to know what risks and I will not undertake any activity that may be too high a level of risk for my capabilities. I further agree to release and hold Sunshine Acres Children's Home, its Board of Trustees, officers, employees and unpaid staff harmless from and against all losses from claims or liabilities for personal damages or other damages incurred as a result of my participation as a volunteer, whether or not they result from Sunshine Acres Children's Home's negligence. I understand that I am not an employee of Sunshine Acres Children's Home and shall not be eligible for, or covered under, any benefit program maintained by the Sunshine Acres Children's Home including but not limited to worker's compensation, health insurance, disability, and business travel accident coverage.

By signing below I certify that I have read, understand and agree to comply with the above statements.

Signed _____ **Date** _____