**Sojourn House**

**Volunteer Application and Agreement**

**Personal Information**

Name: First \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_

Date of Birth \_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check One: Cell ☐ Home ☐

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: Male ☐ Female ☐ Other ☐

**Job Details**

How did you hear about Sojourn House? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you volunteered or been involved with peer recovery support services before? If so, which organizations have you supported? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in volunteering and supporting Sojourn House? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Serving Preference:

Mentor\_\_\_\_\_ Prayer Partner\_\_\_\_\_ Transportation\_\_\_\_\_ Employer\_\_\_\_\_ Social Media\_\_\_\_\_ Maintenance\_\_\_\_\_ Events\_\_\_\_\_ Teacher \_\_\_\_\_ Trainer for Volunteers \_\_\_\_\_ Other\_\_\_\_\_

If other checked, please indicate an area(s) of passion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Restrictions:

Stairs\_\_\_\_\_ Heavy Lifting\_\_\_\_\_ Chemicals\_\_\_\_\_ Allergies\_\_\_\_\_ Other\_\_\_\_\_

Please specify, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Time Commitment:

How often would you like to volunteer? (Weekly, Monthly, etc.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When are you available to volunteer? Please include whether you are available morning, afternoon, or evening of each day.

M \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ W \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Th \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ F \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sat \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sun \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you prepared to attend training and/or information sessions? Yes\_\_\_\_\_ No\_\_\_\_\_

Are you prepared to undergo screening and/or a background check for our safety, your safety, and our clients’ safety? Yes\_\_\_\_\_ No\_\_\_\_\_

Have you ever been accused of any kind of sexual misconduct? (This will not exclude service. All applications are reviewed on an individual basis.) Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Volunteer Agreement:

I certify that all statements on this application are true and correct. As a volunteer of Sojourn House, I agree to abide by all the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I understand that while volunteering with Sojourn House, I may come across information that is confidential. I agree that I will never disclose such confidential information to anyone outside of Sojourn House. I am committed to supporting the mission, vision, and values of Sojourn House during the time that I volunteer with the organization. I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

Applicant Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sojourn House Office Use Only: Date: \_\_\_\_\_\_\_\_\_\_\_\_

Background check complete by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

System(s) used for background check (minimum of one must be checked):

Sex Offender Registry ☐ Criminal History Records ☐

Accepted: Yes ☐ No ☐

Contacted: Yes [ ]  No [ ]

Level of Volunteer Commitment: \_\_\_\_\_ Sprinter \_\_\_\_\_ Jogger \_\_\_\_\_\_ Marathoner \_\_\_\_\_ Trainer

**Authorization to Obtain Criminal Records and Other Background Information**

Sojourn House will procure an investigative consumer report, as a condition of your employment or volunteer position. This information helps to ensure that Sojourn House residents are being served by the safest and most reliable employees and volunteers. The types of information that may be obtained include social security number verification, criminal records checks (local, state, and federal), driving records checks, credit history check, and sex offender registry check.

Full Name (as stated on social security card)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Maiden Name (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Issued \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Zip Code \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, I consent to the release of this information for Sojourn House to use for background checks. Records of these checks will be kept confidential in my personnel file. I consent to Sojourn House conducting background checks at any time and at the frequency of their determination throughout my time as an employee or volunteer of Sojourn House unless I revoke or cancel my consent in writing and submit to the Director or Board President of Sojourn House. I understand that my employment or service at Sojourn House could be altered or terminated based on the results of these history checks.**

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Confidentiality Agreement**

To uphold the highest degree of ethics and integrity in the practices of Sojourn House, board members, employees and volunteers of Sojourn House will not disclose confidential information belonging to or obtained through their affiliation with Sojourn House. This includes confidential information relating to any person affiliated with Sojourn House, including their relatives, friends, and business and professional associates, unless Sojourn House has authorized disclosure. This agreement is not intended to prevent disclosure where disclosures are required by law. In situations of emergency and potential harm to any person, Sojourn House affiliates are authorized to disclose necessary information to appropriate authorities to mitigate risk and prevent harm. Regarding records and documents pertaining to Sojourn House affiliates, see related policy.

Board members, volunteers and employees are cautioned to demonstrate professionalism, good judgment, and care to avoid unauthorized or inadvertent disclosures of confidential information and should, for example, refrain from leaving confidential information contained in documents or on computer screens in plain view. Staff members are responsible for maintaining the confidentiality of information relating to other staff members, volunteers, and residents. This includes information related to payroll and benefits.

Upon separation of employment with Sojourn House and at the end of a volunteer’s and board member’s service, he or she shall return all documents, papers, and other materials that may contain confidential information. He or she also agrees to maintain confidentiality of information pertaining to Sojourn House affiliates following termination of employment or service of Sojourn House.

**By signing below, I agree to comply with above stated policy. I acknowledge understanding that failure to comply will result in discipline, up to or including termination of employment or service with Sojourn House.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_