



Volunteer Application

Full Name: _____

Volunteer Position(s) wanted _____

Date of Birth: _____

Address: _____

Phone Number: _____

Email Address _____

Driver License number: _____ State: _____

Have you ever been convicted of a felony? Yes _____ No _____

If yes, please list conviction and date

(Conviction of a felony does not necessarily disqualify you from volunteering. Please provide explanation at the end of application.)

EMPLOYMENT: (List your last two employers)

Employer: _____

Position/Duties: _____

Dates Employed: _____ Phone: _____

Employer: _____

Position/Duties: _____

Dates Employed: _____ Phone: _____

EDUCATION:

High School: _____

Degree Received: _____

College/University: _____

Degree Received: _____

Other Education/Training: _____

What do you know about Wind Youth Services?

Why do you want to volunteer with Wind Youth Services?

Have you ever received services from Wind Youth Services? Yes ___ No ___
If yes, what services, and when did you stop receiving services?

How did you hear about our volunteer opportunities?

Wind's Social Media (Facebook, Twitter, Instagram)

Third party volunteer site (United Way Volunteer Center, Volunteer Match, etc.)

A Wind Employee or volunteer (name) _____

Other (please explain) _____

Please list three people that have known you for at least two years. Please include employers, co-workers, volunteer supervisors, or community organization leaders. Please do not include family members.

Reference #1

Name		Relationship	
Phone Number		Email	

Reference #2

Name		Relationship	
Phone Number		Email	

Reference #3

Name		Relationship	
Phone Number		Email	

HOBBIES, SKILLS, AND AREAS OF COMPETENCY

Please list any skills or interest you would be willing to share with youth. If you have a certification, please list that as well, i.e. – certified yoga instructor through YogaWorks.

PLEASE NOTE: Volunteering at Wind may be terminated by either party at any time with or without notice.

Confidentiality Agreement

1. As a Wind Youth Services volunteer, you may access information only when necessary to perform work assigned by the site supervisor to accomplish the Wind mission. You may not access or use information from Wind Youth Services for personal or any other reasons.
2. You may disclose confidential information from Wind Youth Services only to individuals who have been authorized to receive it through the appropriate Wind procedures. You shall not divulge or make use of confidential information, data or records for a mailing list or any other purpose unless the same has been authorized. Such misuse is a misdemeanor under California law.
3. You may not deliberately enter false or incomplete data or delete existing data on any file or document.
4. As a precaution against misuse or destruction of criminal record information, you may not remove any work-related materials from the work site without specific authorization to do so. Work in process is to be stored and maintained in areas designated as appropriate for such storage.
5. You must take reasonable precautions to protect documents from unauthorized access. Reasonable precautions include the following: Ensure that your documented work is inaccessible when you leave it unattended; store documentation in a secure place; report any suspicious circumstances or unauthorized individuals you observe in the work area to the site supervisor.
6. I have read and understand the confidentiality agreement above, and have received a copy of it. I understand that failure to comply with these policies may result in dismissal from volunteer staff and/or civil or criminal prosecution in accordance with applicable statutes.

Volunteer Signature

Date

**STATEMENT ACKNOWLEDGING REQUIREMENT TO
REPORT SUSPECTED CHILD ABUSE**

NAME	FACILITY NUMBER 347000873
SOCIAL SECURITY NUMBER	POSITION

Section 11166 of the Penal Code requires any child care custodian, medical practitioner, or employee of a child protective agency who has knowledge of, or observes a child in his or her professional capacity or within the scope of his or her employment whom he or she knows or reasonably suspects has been the victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving information of the incident.

“Child Care Custodian” includes teachers, licensed day care workers, administrators of community care facilities licensed to care for children, foster parents and group home personnel.

As a prospective employee of this facility, your employment falls within the definition of “child care custodian”. Therefore, you are mandated to comply with the child abuse reporting requirements as stated above.

I, _____ have read and understand the requirements of P.C. section 11166 as outlined above and will comply with those provisions.

SIGNATURE	DATE
-----------	------

Photography and Media Release Form

I, the undersigned, do hereby consent and agree that Wind Youth Services hereby give my consent to Wind Youth Services (WYS) to take or use photographs, digital images, and/or video of me for use in any and all media, now or hereafter known, for the purpose of publicity, illustration, advertising, publishing (including publishing in electronic form in CDs or internet websites), for any product or services, or other lawful uses as may be determined by Wind Youth Services. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. I authorize the use of these images without compensation to me. All negatives, prints, and digital materials shall be the property of WYS.

I agree that WYS may use, edit, or reproduce such photographs and videos or share them with others for any purposes related to WYS.

I hereby waive, release and forever discharge WYS from any and all claims or liability arising from the use of my photograph for the above purposes. This authorization is continuous and may only be withdrawn by my specific rescission of this authorization.

I represent that I am at least 18 years of age, have read and understand the above statement, and am competent to execute this agreement.

Name

Phone

Signature

Date

VOLUNTEER AGREEMENT

I recognize that I will not be covered by any form of Workers' Compensation. _____(Please initial)

I have read the Volunteer Handbook (a separate document,) and agree to abide by it. I also understand that as volunteer for Wind Youth Services I will not receive any monetary compensation or benefits.

Applicant Name

Date

AUTHORIZATION TO VERIFY REFERENCES

I authorize Wind Youth Services to investigate my references, work history, volunteer/community service history, education, or any other matters relating to my suitability for a volunteer position. I also authorize my references to provide Wind Youth Services with this information.

I understand that employment or a volunteer position with Wind Youth Services is "at-will" which means that either the agency or I may terminate the relationship at any time for any reason. I understand that no representative of the agency may change or modify an employee's "at-will" status.

Applicant's Signature

Date