



St. Gianna's Place, Inc.

A Safe Harbor For Mother and Child

VOLUNTEER APPLICATION PLEASE PRINT CLEARLY

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip Code _____

Phone: (Home) _____ (Office) _____

(Cell) _____ (Fax) _____

Email: _____ Date of Birth: ____ / ____ / ____

Skills and Interests

1. Highest Level of Education: _____

2. Current Occupation: _____

a. Employer: _____

b. Work Schedule: _____

3. Previous Volunteer Experience: _____

4. Skills (i.e. computer, retail, office, counseling, cooking, etc): _____

5. Area of Volunteer Interests: (Check all that apply)

<input type="checkbox"/>	Substitute Staff	<input type="checkbox"/>	Gardening & Yard Work
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	Car Maintenance
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	General Construction
<input type="checkbox"/>	Special Events/Fundraiser	<input type="checkbox"/>	House Maintenance
<input type="checkbox"/>	Special Projects/ Mailings	<input type="checkbox"/>	Painting
<input type="checkbox"/>	Craft/Cooking Instruction	<input type="checkbox"/>	Office Help
<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Computer/ IT Skills
<input type="checkbox"/>	Parent/ Health Presentations	<input type="checkbox"/>	Mentoring
<input type="checkbox"/>	Collecting Donations	<input type="checkbox"/>	Moving Help (With Truck)
<input type="checkbox"/>		<input type="checkbox"/>	

Name: _____

II. Availability

1. At what times are you interested in volunteering?

_____ Flexible _____ Weekends _____ Weekdays
_____ Evenings _____ Other

Days	Available Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

How many hours a week/month would you like to volunteer? _____ hrs. per _____

2. If driving is a preference, do you have an automobile you can use for volunteer work?
_____ Yes _____ No (Insurance information must be provided and kept on file)

**How did you happen to find/choose St. Gianna's Place for your volunteering efforts?
Check all that apply:**

Newspaper article _____ United Way Website _____ Signage _____ Referral _____
Parish / Bulletin _____ Prior St. Gianna's Volunteer _____ Other _____

III. Background Check

Volunteers in direct service with residents/children are required to have a Criminal Background Check.
The fee is \$10.00. (Please do not let this be a deterrent for volunteering.)

**If you are interested in working with the moms and babies, please mail in the
Criminal Background Check Authorization Form, volunteer application and the \$10.00 to:
St. Gianna's Place
Attn: Volunteer Coordinator
PO Box 725
Londonderry, NH 03053**

VOLUNTEER ACKNOWLEDGEMENTS AND WAIVERS

Volunteers must acknowledge and agree with the following. Please initial the appropriate box below to indicate agreement and/or acknowledgement. (Signature of Parent or Legal Guardian required if Volunteer is a minor.)

Volunteer Statement

Volunteer hereby acknowledges that he/she is not an employee of St. Gianna's Place or its agents but is an unpaid volunteer and is therefore not entitled to Worker's Compensation or any other benefits typically extended to employees. The Volunteer also acknowledges that this volunteer position might not necessarily lead to a paid position.

I Acknowledge.

Liability Waiver

Volunteer agrees to indemnify and hold harmless St. Gianna's Place and employees, directors, residents, attorneys and agents to the fullest extent permitted by law from any and all liabilities, injuries, losses, or damages of any kind sustained as a result of any activity connected with their self or their child(ren) volunteering including but not limited to injuries caused in whole or in part by any negligent act or omission of St. Gianna's Place and/or its agents.

I Agree.

Confidentiality Acknowledgement

Volunteer agrees that he/she shall respect the privacy concerns of our residents and shall hold in confidence all information obtained in the course of volunteering, whether that information is obtained through written records or daily interactions with residents. Therefore, the Volunteer will not disclose an individual's situation or confidence to anyone, except: 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons; 3) where compelled to do so by a court or pursuant to the rules of a court. The Volunteer agrees to store and dispose of professional records in ways to ensure confidentiality. The Volunteer shall possess a professional attitude which upholds confidentiality towards our residents, colleagues, applicants and any sensitive situations arising within St. Gianna's Place. This confidentiality shall be maintained throughout the course of the Volunteer's service and continue upon separation. Volunteer understands that violation of confidentiality statement may be grounds for immediate removal from service.

I Acknowledge

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with St. Gianna's Place that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by St. Gianna's Place. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with St. Gianna's Place or my termination as a volunteer.

I Agree

Signature

Date

Signature of Parent or Legal Guardian if a minor

Date