



26776 Vista Terrace
Lake Forest, Ca. 92630
(949) 380-8144
www.sco-oc.org

Availability: _____
Interests: _____
Program Area: _____
Date: _____
Status: _____

VOLUNTEER APPLICATION

Please complete the following information (PRINT NEATLY):

Name: _____
(Last) (First) (Middle)
Address: _____ City _____ Zip _____

Telephone: (Hm) _____ (Wk) _____ (Cell) _____

Email: _____ Driver's License #: _____
Issuing state: _____

I prefer to be contacted at: Home _____ Work _____ Cell _____ Email _____

All Volunteer Applications are subject to criminal background checks. (Please Initial here that you understand and agree to this policy) _____
Veteran: YES _____ NO _____

Birthday: _____ Educational Background: High School Grad _____ College Degree _____ Post Graduate Degree _____

Field of Study: _____ Employment Status: Full time _____ Part time _____ Unemployed _____ Retired _____

Occupation: _____ Employer: _____

Does your company offer and employee match for service hours? _____

Does your company offer a Charitable Foundation? _____

Do you speak a foreign language?: Yes _____ Which Language(s)? _____

How did you learn about SCO?: _____

Prior Volunteer Experience: _____

Community Affiliations (Faith Org., Clubs, Service groups, etc.): _____

Interests/Hobbies: _____

Do you have any of the following special skills/areas of interest? (Please check all that apply):

<input type="checkbox"/> Social Work	<input type="checkbox"/> Retail	<input type="checkbox"/> Marketing
<input type="checkbox"/> Property Management	<input type="checkbox"/> Accounting/Finance	<input type="checkbox"/> Public Relations
<input type="checkbox"/> Maintenance	<input type="checkbox"/> Legal Aid	<input type="checkbox"/> Special Events Committee
<input type="checkbox"/> Teaching/Training	<input type="checkbox"/> Computer Programming	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Receptionist	<input type="checkbox"/> Video Production	<input type="checkbox"/> Copy Editing/Writing
<input type="checkbox"/> Management	<input type="checkbox"/> Social Networking	<input type="checkbox"/> Grant Writing/Research
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Website Design	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Office Support	<input type="checkbox"/> Photography	<input type="checkbox"/> Computer Data Entry
<input type="checkbox"/> Public Speaking	<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Administration

Would you prefer working with: Clients _____ Support Areas _____ Community Events _____ No preference _____

Volunteer placement preferred?: Pantry _____ Thrift Store _____ Computer Lab _____ Office _____ Outreach _____ Other _____



When are you available?: Mon ____ AM Tues ____ AM Wed ____ AM Thr ____ AM Fri ____ AM Sat ____ AM
PM PM PM PM PM PM PM

Are you currently or have you ever been a client of SCO?: No ____ Yes ____ When? _____

Have you ever been convicted of a crime or offense?: No ____ Yes ____ If yes, was it a: Felony ____ Misdemeanor ____

Please describe: _____

Do you have any physical limitations?: No ____ Yes ____ Please describe: _____

Medical Conditions:

Emergency Contact Name: _____ Phone: _____

Relationship: _____

Liability Release & Waiver: I hereby waive the right to make any claim against South County Outreach, its officials, employees or volunteers, for injuries or damages, charges or expense, including attorney's fees which might be sustained as a result of my participation or transportation therewith in the above activity/activities. This waiver is given in partial consideration for permission granted by South County Outreach to participate in the activity or activities. I further understand that SCO does not provide any form of insurance for program participants.

Signature: _____ Date: _____

Code of Conduct:

All employees, volunteers, agents and board members may not solicit or accept gifts or gratuities for their personal benefit in excess of minimal value.

All volunteers and staff have an obligation to report any actual or suspected wrongdoings including, but not limited to:

- Conflicts of Interest
- Illegal Acts
- Fraud
- Erroneous grant reporting
- Erroneous facts in grant submissions

The following actions are to be taken to report a violation:

- *Wrongdoings should be reported to your direct supervisor.
- *If for any reason it is not possible to report the suspected violation to your supervisor, you should report it to the Executive Director.
- *If you do not feel that your complaint is appropriately handled, please contact the President of the Board of Directors.

SCO strictly forbids any retaliation against anyone who, in good faith, reports suspected wrongdoings.

Signature: _____ Date: _____

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Photo & Video Release: I hereby authorize and give full consent to South County Outreach to publish all photographs or videos of myself for the purposes of promoting SCO. I further agree that SCO may use these photographs or video without limitation or reservation or for any compensation other than receipt of which is hereby acknowledged.

Signature: _____ Date: _____

Confidentiality Policy:

Purpose:

To safeguard the individual rights of persons served by maintaining the confidentiality of their records and any services that they receive from the organization as provided by law.

Relationship to Mission/Vision/Values:

South County Outreach is committed to providing services which treat people with dignity and respect, taking particular care to see that their rights are fully protected.

Policy:

- I. Information about the identity, evaluation, or treatment of a person served is confidential.
- II. Access to such information will be released only as a result of court order or a release by the client.
- III. The Executive Director shall be responsible for the establishment and implementation of procedures pursuant to this policy. Such procedures shall apply to all employees, consultants, volunteers, contracting agencies, and affiliates. Such procedures shall comply with all appropriate statutes, rules, regulations and other legal requirements.
- IV. All employees, consultants, volunteers, contracting agencies and affiliates shall be appropriately trained concerning this policy and confidentiality. Any proven violations of this policy or the procedures implementing this policy will be subject to disciplinary action including possible discharge from employment or other affiliation.

Signature: _____ Date: _____

Abuse Policy:

Client, Volunteer, Staff

South County Outreach personnel and volunteers are required to conduct themselves towards clients in such a manner that clients, volunteers and staff will be free from any form of physical abuse, neglect, or exploitation.

This policy is designed to prevent abuse, neglect and exploitation.

Examples of abuse or mistreatment include the following:

- Physical assault in any form.
- Sexual misconduct or abuse in any form.
- Infliction of any mental pain or distress that includes ridicule, coercion, threats or intimidation, whether physical or verbal.
- Condoning or permitting the abuse of a client, volunteer or personnel by other clients, volunteers or staff.
- Statements or actions, which would humiliate, demean or exploit a client, volunteer or staff.
- Other acts or omissions, provided that such acts or omissions are either intentional or reckless and directly result in discernible injury or suffering to a client, volunteer or staff.

Any staff or volunteer having knowledge of abuse or mistreatment of a client, employee or volunteer or having reasonable cause to believe the same is taking place or has taken place must immediately report to the Executive Director. This verbal report shall be made immediately. Within 24 hours, the employee or volunteer must submit a written report to the Executive Director.

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Failure to report such incidents of abuse or mistreatment is cause for disciplinary action. Upon receiving a report of abuse or mistreatment, the person being abused must be removed from service to prevent contact with the identified employee, volunteer, or client pending investigation. This may require a temporary reassignment of staff or volunteer. This is in order to provide security and protection for the client, staff or volunteer until the investigation is resolved.

While the investigation is ongoing, written materials relating to the report and investigation of abuse are maintained in an abuse investigation file, which is confidential. Access to this file is restricted to the Executive Director. If a report of abuse is not substantiated, written materials and a determination of non-substantiation are sealed and maintained in the client abuse investigation file and labeled as "Report and Investigation of Abuse - NON-SUBSTANTIATED". The month and the year are noted on the envelope. No record of the abuse report investigation or determination is placed in the employee personnel file and/or volunteer(s) or client file.

If such a report is substantiated by the investigation, the employee(s), volunteer or client responsible shall be immediately separated from employment, service or from receiving services. When appropriate, local law enforcement will be contacted for further investigation. When substantiation of abuse results in termination, copies of the report, investigation, determination and notice to the employee, volunteer or client will be placed in the client, volunteer or personnel file.

My signature below signifies that I have read and fully understand South County Outreach's Abuse Policy.

(Sign) (Date)

(Witness Signature) (Date)

FOR OFFICIAL USE ONLY:

Interviewed by: _____ Date: _____

Orientation Attended (Date): _____

Referred to Program Area(s): _____

Status: Placed _____ Not Placed _____ Pending/on-file _____ Notes: _____

Program Assignment: _____

Safety Training Completed: _____ Date: _____

Background Check Completed: _____ Date: _____

Supervisor: _____ Start Date: _____ End Date: _____