

Volunteer Application

Contact Information

Date	
Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
Primary Phone Number	(Check one) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell
E-Mail Address	
Special Needs?	(Check one) <input type="checkbox"/> Yes <input type="checkbox"/> No Indicate special needs accommodations:

Background

Crossroads of Western Iowa will conduct background checks in accordance with Iowa State regulations prior to beginning volunteer services. Volunteers will also be required to participate in an orientation program and training.

Do you have a record of founded child or dependent adult abuse? Yes No

Have you been convicted of a crime, in this state or any other state? Yes No

Are you currently or have you ever been excluded from participation in the Medicare, Medicaid, or any other Federal health care program? Yes No

If yes, explain:



Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekend mornings
- Weekend afternoons
- Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Field work
- Fundraising
- Deliveries
- Phone bank
- Newsletter production
- Volunteer coordination
- Activities/Classes

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



How did you hear about us?

Please let us know how you became aware of Crossroads of Western Iowa's volunteer opportunities?

Community Event

Friend-Relative

Internet

Newspaper

Volunteer Agency

Our Website

Other

Why do you want to volunteer?

Please let us know why you would like to volunteer at Crossroads of Western Iowa.

To Serve

School Credit

Court Ordered

Other—Please provide details:

Previous Volunteer Experience

Summarize your previous volunteer experience.



Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Agreement

I agree to abide by all applicable rules and regulations of Crossroads of Western Iowa and any of the department or units where I engage in volunteer activities. I understand that failure to abide by the rules and regulations of Crossroads of Western Iowa could result in disciplinary action up to and including dismissal.

I understand that my responsibilities include staying at my designated post until authorized to leave by a supervisor.

I understand I will be monitored by a Crossroads of Western Iowa supervisor at all times while actively volunteering on the premises or at a Crossroads of Western Iowa sponsored event and that my immediate supervisor shall also be responsible for periodic assessment of my performance.

I understand that I am to report any on-the-job injury of illness, no matter how minor, to my volunteer supervisor.

I understand that I or Crossroads of Western Iowa may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

I acknowledge that I understand the policies listed above and have had the opportunity to ask any questions.



Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

SharePoint/Team Site/Policies/Personnel

Reviewed Oct.2016

Reviewed Jul. 2017

Revised Dec. 2018

