**VOLUNTEER INFORMATION SHEET**

*I Volunteer for………*

🞏 Meals on Wheels Program 🞏 Head Start Program 🞏 Other \_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_

**Personal Information:**

Name:

Address: \_

Home Phone:

Cellular Phone:

Email Address:

**Availability:**

***TIME AVAILABLE (DAYS/ HOURS):***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Please list availability | Monday | Tuesday | Wednesday | Thursday | Friday |
|  |  |  |  |  |

1. **Emergency Contact:**

Person to notify in case of emergency:

Phone number: \_

1. **Auto Insurance Information (if driving for Opportunities):**

Auto insurance company:

Expiration date: \_

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

*I verify and confirm this information is accurate and true to the best of my knowledge.*

Volunteer Signature:

Print name and date:

**VOLUNTEER BACKGROUND CHECK AUTHORIZATION**

Opportunities, Inc. volunteer(s) must have a Motor Vehicle and Criminal Background Check completed prior to volunteering for any facility. Please complete the information below giving us authorization to complete a criminal history check. Please provide us with a copy of your current, unexpired driver’s license.

Please PRINT all requested information.

Name:
 Last / First

Address: \_

Alias or other names used:

Date of Birth:

Driver’s License #: \_

Driver’s License State:

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

*I understand the information I am providing will be used solely for the purpose of obtaining a motor vehicle and criminal history record information. I hereby give my voluntary consent to a criminal history check. By submitting this form, I designate Opportunities, Inc. to be my representative for the purpose of obtaining my motor vehicle and criminal history record maintained by law enforcement agencies. I affirm that I am not currently under indictment for any such offense.*

Volunteer Signature:

Date:

If you have questions about this form, please call the Main Office at 512-763-1400.

We thank you for your service.

**VOLUNTEER CONFIDENTIALITY AGREEMENT**

For the purposes of this agreement, confidentiality is defined as the assurance that access to information regarding a client or family shall be strictly controlled and that any violation of such control will be considered a breach of faith.

Please initial each statement below.

\_\_\_\_\_\_ I understand that the information I receive as a volunteer will not be used for purposes that were not intended by the individual when information was provided. Such information shall not be discussed with spouses, relatives, acquaintances or friends in any manner or form.

\_\_\_\_\_\_ I understand that, as a volunteer, providing a service for Opportunities, Inc. programs and services, I agree to abide by Opportunities’ policy on confidentiality.

\_\_\_\_\_\_ I understand that I can be relieved immediately of my volunteer responsibilities at Opportunities, Inc. if I fail to comply with their policies and procedures pertaining to confidentiality.

\_\_\_\_\_\_ I understand that this confidentiality of information must be maintained even after I discontinue my volunteer activities with Opportunities, Inc.

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*My signature below indicates I understand, agree to and will comply with Opportunities, Inc. confidentiality procedures.*

Volunteer Signature:

Date:

**OPPORTUNITIES VOLUNTEER CODE OF CONDUCT**

Please initial each statement below.

\_\_\_\_\_\_ I agree to abide by the rules and regulations of Opportunites, Inc. to the best of my ability.

\_\_\_\_\_\_ I agree to respect client confidentiality.

\_\_\_\_\_\_ I agree to respect the rights of clients; I will not offer medical advice or discuss my religious beliefs or political attitudes.

\_\_\_\_\_\_ I agree to NEVER solicit clients for business purposes, NEVER accept gifts from clients and NEVER accept tips for delivery of meals.

\_\_\_\_\_\_ I agree to notify Opportunities, Inc. if I cannot perform my volunteer job.

\_\_\_\_\_\_ I agree to keep current a Texas Driver’s License, automobile inspection/registration and liability insurance as required by the State of Texas Department of Public Safety if my volunteer job requires me to drive on behalf of Opportunities, Inc.

\_\_\_\_\_\_ I agree that I was given and have read Opportunities, Inc. volunteer training handbook.

\_\_\_\_\_\_ I agree to assume all risks, hereby release, hold harmless and forever waive any and all rights for claims or damages I may have against Opportunities, Inc. and its sponsors, and all their respective board of directors, officers, directors, contractors, managers, clients, employees, and volunteers of the organization for any and all injuries, claims, damages, demands, judgments, liabilities, actions or causes of actions sustained.

\_\_\_\_\_\_ I understand that Opportunities, Inc. reserves the right to disqualify a volunteer from service if their behavior becomes publically known and such behavior negatively impacts Opportunities, Inc. operations, funding, program or clients.

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Volunteer Signature:

Date:

**WBC OPPORTUNITIES VOLUNTEER TRAINING LOG**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Training Topic | Initial Training Date | Annual TrainingDate | Annual TrainingDate | Annual TrainingDate | Annual TrainingDate |
| Client Confidentiality |  |  |  |  |  |
| Sanitation |  |  |  |  |  |
| Working with Seniors and Disabled |  |  |  |  |  |
| Personal Hygiene |  |  |  |  |  |
| Sign-In Procedures |  |  |  |  |  |
| Client Emergency Procedures |  |  |  |  |  |