

Volunteer Opportunities Application

Print clearly and return the completed form to:

Volunteer Opportunities -- 712 Canterbury Road -- Shakopee, MN 55379

Or email your application to volunteer@capagency.org

If you have questions, please call 952-402-9899 to speak with the Volunteer Coordinator

APPLICANT INFORMATION

Today's Date:				
First Name:	Middle:	Last Name:		
Street Address:	City:	State:	Zip:	County:
Home Phone:	Work Phone:	Cellular Phone:		
E-Mail Address:				
Are you 18 years or older? <input type="checkbox"/> Yes <input type="checkbox"/> No				

EMERGENCY CONTACT INFORMATION:

Name:	Relationship:		
Home Phone:	Work Phone:	Cellular Phone:	

Are you currently employed Yes No *(If yes, please complete information below)*

Employer:	City:	Supervisor:
Describe Job Duties:		
Specialized Education or Training:		

VOLUNTEER EXPERIENCE (List current or previous volunteer activities you have been involved with)

Name of Volunteer Program/Supervisor	Type of Duties Performed	Date(s)
1.		
2.		
3.		

List languages spoken or written other than English:

Spoken:	Written:
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Please explain your interest in volunteering:

Please check your interest in the volunteer opportunities below:

<input type="checkbox"/> Senior Nutrition: Senior dining site assistance. Home Delivered Meals	<input type="checkbox"/> Thrift Shop: Sorting and hanging donated items. Organize the sales floor and merchandise
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP): Outreach Events. Application assistance. Office assistance	<input type="checkbox"/> Food Shelf: Drive CAP vehicle to pick up food donations. Sort and shelve food donations. Assist Clients
<input type="checkbox"/> Crisis Nursery: (MUST BE A LICENSED CHILD CARE PROVIDER)	<input type="checkbox"/> CHORE: Assist seniors w/ home maintenance projects, yardwork, etc.
<input type="checkbox"/> Head Start: Read to children. Classroom assistance; assist with learning activities for 3-5 year olds.	<input type="checkbox"/> WIC: Water the Community Garden during the Summer. Harvest Produce later in the season (Seasonal)
<input type="checkbox"/> Administrative Office: Assist with mailings, filings and other projects.	<input type="checkbox"/> Circle of Parents: Assist with Family Events like gardening, cooking, scavenger hunts and other projects.
<input type="checkbox"/> Energy Assistance: Filing. scanning. and other projects	<input type="checkbox"/> Customer Service: Filing. Data Entry. Other Projects
<input type="checkbox"/> Hope for the Holidays: Adopt a family. Etc...(Seasonal)	<input type="checkbox"/> School Distribution: Donate school supplies. Load backpacks with supplies, hand out to families. (Seasonal)
<input type="checkbox"/> Do you have other skills or interests you would like to share that are not listed?	

VOLUNTEER ASSIGNMENTS: Start times vary by department and are available throughout the day.

Please check boxes below based on times/days you would like to volunteer:

<input type="checkbox"/> Mornings:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
<input type="checkbox"/> Afternoons:	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday

Have you ever been convicted of a crime? Yes (If yes, complete the attached background information sheet) No (An affirmative response will not automatically disqualify you from being considered).

Is your volunteer time required to fulfill a court order? Yes No

I consent to a background check (required*) Yes (Complete the attached Informed Consent form) No

APPLICANT'S STATEMENT

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date.

I authorize representatives of CAP Agency to conduct a thorough investigation of my activities, and authorize all references provided in this application, as well as all other individuals, whom the organization or its representatives may contact, to provide information they have about me. Furthermore, I agree to cooperate in such investigation, and release from all liability or responsibility of the organization, all persons and entities acting on its behalf, and all persons and entities requesting or supplying such information.

Applicant Name: _____ Applicant Signature: _____ Date: _____

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Thank you for completing the volunteer application! The CAP volunteer coordinator will contact you to discuss volunteer opportunities.

INFORMED CONSENT

Date: _____

The following named individual has applied to volunteer with Scott Carver Dakota CAP Agency, Inc.

Last Name of Applicant: (please print) _____

First Name (please print) _____

Middle (full) (please print) _____

Maiden, Alias or Former (please print) _____

Date of Birth __ __ / __ __ / __ __ __ __ (mm/dd/yyyy)

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Scott Carver Dakota CAP Agency, Inc. for the purposes of volunteering with the agency.

The expiration of this authorization shall be for a period of no longer than one year from the date of my signature.

Signature

Date

August 2017

BACKGROUND INFORMATION

I, _____ hereby provide and certify the following information regarding my criminal history. **This is to be completed upon being selected for an informational interview.**

Instructions: Answer each question completely. If the answer is "none" then state you must clearly state that in writing.

a) All names under which any records may be found, both criminal records, arrest records and employment records at any time:

b) The date nature and number of convictions:

c) The facts surrounding each criminal conviction or charge:

d) How the conviction relates to the duties of the volunteer work for which you are applying:

e) Describe in detail your effort at rehabilitation:

f) For each separate offense, list: the name under which you were convicted, the date and jurisdiction (state, county and city) and the offense for which you were charged and convicted.

I certify that the answers I have given above are true, correct and complete. I understand that any false or misleading information provided, or any omission or concealment of facts, will disqualify me from consideration for volunteering, and constitutes grounds for my immediate dismissal should I be volunteering for Scott Carver Dakota CAP Agency.

I further understand that I may be required to consent to a criminal background check through the Bureau of Criminal Apprehension, the Department of Human Services and other agencies and provide additional information and authorizations.

Signature

Date

CONFIDENTIALITY POLICY AND AGREEMENT

Confidentiality is basic to the maintenance of professional ethics and community respect. Clients act in good faith, expecting their circumstances and personal matters to remain confidential. We are obligated by law and ethics to maintain confidentiality.

The following information is presented to provide guidelines concerning confidentiality:

1. Information and details about a client may be discussed among CAP Agency programs for clinical purposes only. That is, cases may be discussed in staffing, supervisory, and clinical meetings in order that cases may be more appropriately managed.
2. No identifying information about a client (name, address, social security number) should be revealed except within the Agency.
3. Records kept on clients are used only for case management and not for general perusal. Other agencies requesting the records of a given client must obtain a release of information from the client. In no case are records automatically sent to another person or agency without first receiving this release of information from the client or legal guardian.
4. Discussing the details of a case outside the Agency even though names, addresses, and social security numbers are not revealed is a breach of confidentiality. That is, one might possibly describe, in detail, facts or descriptive data, and reveal enough that the listener might possibly identify the client.
5. Confidentiality must be maintained even when a case has been made public through the news media. For example, if a client has been arrested, confidentiality must be respected.
6. Volunteers will have access to client information only as authorized by staff. All volunteers will follow the confidentiality policy as outlined.

I, the undersigned, **understand and agree to the above policy**, and am aware that any breach of confidentiality warrants immediate dismissal.

Signature

Date