**Day By Day Warming Shelter**

**VOLUNTEER AND INTERN APPLICATION/INFORMATION**

(Please Read and Fill out the Application to the Full Extent- Applications with Missing Information Will Not Be Accepted)

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_First Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle Initial\_\_\_\_\_\_\_\_\_

Other Names Used\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birth date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_ Zip \_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My preferred way to be contacted is: \_\_\_Phone Call \_\_\_Text Message \_\_\_E-mail

Employer Name or Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any Health or Physical Restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am Interested in volunteering or interning in the following areas or capacities:

\_\_\_\_Meal Team \_\_\_Summer opportunities

\_\_\_\_PM Hospitality Shift 5:30-8:30 pm \_\_\_Day time opportunities

\_\_\_\_AM Hospitality Shift 7:00-8:00 am \_\_­\_Fundraising events

\_\_\_\_Administrative Support Other ideas/interests: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the event that a volunteer doesn’t show up for their scheduled volunteer shift I would like to be called and offered the opportunity to pick up that volunteer shift. This means that I have **no obligation** to pick up the shift if I am called, it just means that the opportunity will be presented for me to pick up the shift and I may pick it up if I so wish.

\_\_\_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_ Yes If yes, provide your preferred phone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Within the last 5 years have you been convicted of any crime? \_\_\_\_\_\_\_ If yes, please explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Emergency Contact Information:**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Background Check Release:**

*Day By Day runs background checks on all volunteers. Unfortunately, we are unable to have volunteers with violent criminal backgrounds including sex offenders. Thank you for understanding.*

*Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*By signing, you give your consent authorizing DBD to conduct any background checks they deem necessary.*

**Publicity Consent:**

*May we use your name and/or photo in publicity related to DBD?*

 *\_\_\_\_\_\_ Yes \_\_\_\_\_ No*

*Signature of Applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*By signing, you give your consent for us to take photos of you volunteering and post them on our social media, website, newsletter, newspaper articles, and any other way we see fit.*

Applicants Under 18:

Consent for volunteers & interns under age 18: I give consent for my child/children to participate as a volunteer/intern for the DBD shelter. I have explained to them the confidentiality agreement and what is appropriate to disclose about themselves to the guests and about the guests to others.

Minor Publicity Consent:

May we use your child’s name and/or photo in publicity related to DBD?

 \_\_\_\_\_\_ Yes \_\_\_\_\_ No

*Name(s) of children: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Signature of parent or guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Please print name (adult): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

1. Please tell us why you want to volunteer at Day By Day:
2. Do you have any experience working with any of the following populations: adults experiencing mental illness, adults struggling with AODA, adults living with a disability, domestic violence, sexual assault, or poverty?
3. Do you have any area of expertise? (Ex: Nursing, Mechanical Work, Sign Language, Bi-lingual, Teaching, Etc.)
4. How did you hear about DBD volunteer and internship opportunities?

**THANK YOU FOR YOUR INTEREST IN VOLUNTEERING WITH DAY BY DAY!**

***For Administrative Use Only***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

Date Volunteer Orientation Was Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Background Check Was Conducted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Staff Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_

Notes:

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**