**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: \_\_\_E-mail \_\_\_Phone Call \_\_\_Text Message

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

\_\_\_\_PM Hospitality Shift 5:30-8:30 pm \_\_\_ Tutoring or running a class to enrich lives.

\_\_\_\_AM Hospitality Shift 6:30-8:30 am

\_\_\_\_Administrative Support

\_\_\_\_Off season opportunities \_\_\_ Day time opportunities \_\_­\_Fundraising events

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.

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

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

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

 Do you have any area of expertise? (Ex: Nursing, Mechanical Work, Sign Language, Bi-lingual, Teaching, Etc.)

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

How did you hear about DBD volunteer and internship opportunities? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Information:**

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

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

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

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

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**Photo & Background Check Release:**

*All volunteers must have a photo taken to complete their volunteer profile. This photo will be kept confidential and will only be used for accompaniment of your volunteer profile. Thank you for understanding.*

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

*By signing, you give your consent for DBD to take your picture and keep it with your application in your volunteer file as well as 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): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***For Hospitality Volunteers Only***

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?

**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:

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

Notes:

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