



# VOLUNTEER APPLICATION FORM

5213 Shoreline Drive Mound, MN 55364 PH. 952-472-0742 FAX 952-472-5589

Please Print

Access \_\_\_\_\_

Staff \_\_\_\_\_

Date \_\_\_\_\_

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ (Other) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Email address \_\_\_\_\_

**Please list a personal emergency contact person:**

Name \_\_\_\_\_ Address \_\_\_\_\_

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

Relationship \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Circle the phone number to be used first for emergency call**

**Release to use photos / videos for promotional purposes:** I understand that WeCAN may take photos/videos that may include me while I am participating in WeCAN activities. I hereby agree to allow WeCAN to use my image and name in any medium or form of distribution, and for whatever purposes, including promotional and advertising uses.

Initial \_\_\_\_\_

**Volunteer Area of Interest (check all that interest you)**

- |  |  |
|--|--|
| <input type="checkbox"/> Administrative Assistance                                       | <input type="checkbox"/> Housing                         |
| <input type="checkbox"/> Communications-PR-Marketing                                     | <input type="checkbox"/> Health & Wellness               |
| <input type="checkbox"/> Fundraising   | <input type="checkbox"/> Meals on Wheels (mornings only) |
| <input type="checkbox"/> Adopt a Family  | <input type="checkbox"/> Committee Participation         |
| <input type="checkbox"/> Birthday Shelf  | <input type="checkbox"/> Volunteer Assistance            |
| <input type="checkbox"/> Ready to Learn  | <input type="checkbox"/> Facility Maintenance            |
| <input type="checkbox"/> Emergency Assistance  | <input type="checkbox"/> Job Center                      |
| <input type="checkbox"/> Food Program /Mobile Market                                     |  |
| <input type="checkbox"/> WeCAB (this is not a WeCAN program but it benefits our clients) |  |

**Please list your special skills, experience, interests, etc.**

This will enable us to match you to the areas you will feel most comfortable and be of most help to WeCAN.

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**Availability – Please list the times you may be available**

Monday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Tuesday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Wednesday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Thursday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Friday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Saturday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____
Sunday	<input type="checkbox"/>	AM _____	PM _____	EVENING _____

Willing to volunteer \_\_\_\_\_ weekly \_\_\_\_\_ monthly \_\_\_\_\_ occasionally

Are you willing to consider additional time if needed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are there extended periods of time you will not be available (vacations, snowbirds, etc.) List times below.

Preferred method of contact :

phone # \_\_\_\_\_ email address \_\_\_\_\_



## WeCAN's CONFIDENTIALITY AGREEMENT

All WeCAN volunteers shall regard information about WeCAN, the individuals it serves, or any other information learned in the course of volunteering with WeCAN as confidential. Any discussion, disclosure of information, speculation regarding and individual receiving services from WeCAN or other conversations relating to that individual outside of work hours or the workplace with anyone is strictly prohibited. Reports that a volunteer of WeCAN has had communication regarding an individual served outside of WeCAN, in a social setting or during work hours with a person not authorized to know such information will be grounds for immediate dismissal.

Information regarding client records, telephone conversations, family history or illness must never be communicated to anyone other than the authorized WeCAN professional or paraprofessional employees who require such information to effectively serve the client.

Any communication connected to the individual being served by WeCAN to any outside person, care provided or agency must have written authorization and approval of the client, authorized family member or the consent of the legal guardian. All requests must be confidential client information. Requests for information must be forwarded to WeCAN's Executive Director for release.

To preserve individual privacy and encourage trust in WeCAN, employees shall take all possible measures to preserve the private nature of records relating to the clients served by WeCAN, including but not limited to:

1. Only authorized staff members shall have access to client records. Client records shall not be left in unattended areas available to the public. Under no circumstances may records be removed from the premises without the expressed permission of the Executive Director, such permission being limited to the use of records in a legal proceeding and/or for medical conferences.
2. In the event of termination of volunteering with WeCAN, volunteers are required to return all proprietary and confidential information issued to, acquired or developed during the course of volunteering.
3. Inappropriate use of communication of confidential information that damages WeCAN in any way will be the responsibility of the volunteer and the volunteer will be held liable to the fullest extent of the law.

### **RECEIPT, ACKNOWLEDGEMENT, and AGREEMENT TO WeCAN's CONFIDENTIALITY AGREEMENT**

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

Printed Name: \_\_\_\_\_

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

**Thank You for volunteering with WeCAN!**

# INFORMED CONSENT

Please fill in the following information only if you are volunteering for Meals on Wheels or WeCAB

Please print

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle (full) \_\_\_\_\_

Maiden, Alias or Former Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Drivers License: \_\_\_\_\_ Expiration Date \_\_\_\_\_ Restrictions? \_\_\_Yes \_\_\_No

Explain \_\_\_\_\_

Auto Ins. Co. \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Background check:** I certify that the information I have given in this application is true and complete. I understand that submitting this application does not guarantee my acceptance as a volunteer, and that assignment of volunteer work is based on the needs of WeCAN. I authorize the Minnesota Bureau of Criminal Apprehension and the Department of Public Safety to disclose all criminal history and driver record information to WeCAN for the purpose of volunteering.

The expiration of this authorization shall be one year from the date of my signature.

Initial \_\_\_\_\_

***STOP HERE - SIGN THIS FORM in the presence of a notary!***

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

State of Minnesota, County of \_\_\_\_\_

Signed before me on \_\_\_\_\_ (date) By \_\_\_\_\_ name(s) of person

Signature of notarial officer: \_\_\_\_\_

Title \_\_\_\_\_

My commission expires \_\_\_\_\_

BCA Account # T524720742 A 501c3 Nonprofit Organization

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