



PROJECT JOY & HOPE
www.joyandhope.org

VOLUNTEER SERVICES

Time, Talent, & Interest Survey and Application

Title: Mr. ___ Mrs. ___ Ms. ___ Miss ___ Dr. ___ Other _____

Name: _____
Last First Middle

Street Address: _____

City: _____ State: _____ Zip: _____

Drivers Lic. #: _____ Profession: _____

Phones: Home (____) _____ Work (____) _____ Cell (____) _____

E-mail _____

I would like to volunteer _____ hours per week OR _____ hours per month

I am available on: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun.

I am available: _____ 8:30 a.m. – 12:30 p.m. _____ 12:30 p.m. – 4:30 p.m.
_____ All day special events _____ Half Day events
_____ Committees _____ Miscellaneous

Best Time to contact you: _____

I have the following interest(s):

- | | |
|---------------------------|-------------------------------------|
| _____ Answer phones | _____ Assist at Health Fairs |
| _____ Prepare mail outs | _____ Work concessions |
| _____ Fundraising | _____ Data Entry |
| _____ Work with clients | _____ Run errands |
| _____ Sell greeting cards | _____ Make phone calls |
| _____ File misc. letters | _____ Prepare packets |
| _____ Proofreading | _____ Event set up and/or tear down |



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Statement of Confidentiality & Ethical Standards

As a volunteer or Project Joy and Hope:

I, _____, have an obligation to the organization that I am serving, to the general public, and to myself to maintain the highest standards of ethical conduction.

As such, I will not commit actions that are contrary to the following standards nor will I condone the commission of such acts by others within the agency.

I have a responsibility to:

- Keep all information confidential unless legally obligated to do otherwise
- Refrain from using or appearing to use confidential information acquired in the course of my volunteer actions for unethical or illegal advantage either personally or through third parties.
- Avoid direct or indirect, actual or apparent, conflicts of interest and advise all appropriate parties of any potential conflict.
- Refuse and gift, favor, or hospitality that would influence or would appear to influence my actions or the actions of others.
- Report any future allegations or criminal activities, investigations, arrest, and/or convictions involving myself so long as I am a volunteer of the organization.
- Refrain from directly/indirectly engaging in any activity that would discredit the agency.
- Perform my duties in accordance with relevant by-laws, regulations, or other policies and procedures as instructed by the agency.
- Represent the interest of all people served by the agency both internally and externally.

I, _____, understand the concepts represented above and do affirm that I have not been party to any unethical or conflicting actions of interest or any observed unethical activity of which I have become aware to the appropriate parties. I have not currently have pending against me any criminal proceedings, nor have I placed under arrest for or been convicted of a criminal felony offense within the year.

Applicant Signature

Date of Application



VOLUNTEER SERVICES

Release of Information

As a volunteer or Project Joy and Hope:

I, _____, understand that my and/or my child(ren)'s picture, voice, and/or written or photographic material may be recorded electronically and/or photographically by **Project Joy and Hope** during any participation of the services and/or affiliations of me and/or my child(ren).

I hereby grant permission to **Project Joy and Hope** to use these photographs, videotapes, or audio recordings for myself and/or my child(ren) for its own use for distribution.

I Further understand that these photographs, videotapes, and audio recordings will be owned by **Project Joy and Hope** and may be used only for articles and programs regarding its mission and purpose.

Child(ren)'s Name(s):

1. _____
2. _____
3. _____
4. _____

Parent/Guardian/Individual - **Printed Name**

Parent/Guardian/Individual – **Signature**

Date