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
VOLUNTEER SERVICES
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 other 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   Date

Parent/Guardian/Individual – Signature