

**Opening Doors Volunteer Application**

***Please complete both sides of the application, confidentiality form, background check authorization (for applicable positions), sign, and date. Thank you.***

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| **Contact Information** |
| **Date of Application: \_\_\_/\_\_\_/\_\_\_\_\_\_ Date of Birth** *(must be at least 18 years of age)*:\_\_\_/\_\_\_/\_\_\_\_\_\_\_  **Name**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *first mi last*  **Address**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Street City State Zip*  **Primary Phone**:\_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_@\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Student Information- Students please complete the following** |
| **Name of School:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Name of Professor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Please provide the year and semester period you plan on volunteering:**  **Year:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_Summer \_\_\_\_\_\_\_\_\_\_\_Spring \_\_\_\_\_\_\_\_\_\_Fall** |
| **Background/Interests** |
| **Current or Previous Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Is this a**  **List Any Previous or Current Volunteer Experience: current**  *Organization**Position* **position? Y/N**   1. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_** 2. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_** 3. **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_**   **Please look over the attached list of volunteer positions available Based on this list check the areas you are interested in:**  Clerical/Office Assistant (Days 7am-4pm) Child Care Volunteer  Event Staffing/Planning (varied) Ride Connect Volunteer  Meal Provider \_\_\_\_\_\_\_Interns/Work Study/Field (varied)  \_\_\_\_\_\_\_Maria House Volunteer (4pm-9pm)  **Approximately how often would you like to volunteer? Once a week 2-5 times a week**  **Once a month a few times a year Regularly scheduled**  **Please check availability: Weekdays (7a-4p) Weekday Evenings (4p-9p) Weekends (varied)**  **\*\*PLEASE SEE BACK PAGE\*\*** |

**Thank you for applying to be a volunteer at Opening Doors. Please return this application, background check form, and confidentiality agreement by mailing, faxing or emailing to:**

**Mailing Address: E-mail:**

**Lauren Krapfl volunteer@openingdoorsdbq.org**

**Opening Doors**

**2100 Asbury Road, Suite 8**

**Dubuque, IA 52001**

***If you have questions or need assistance with this application please call our office at (563)582-6286 or e-mail Opening Doors Volunteer Coordinator at,*** [***volunteer@openingdoorsdbq.org***](mailto:volunteer@openingdoorsdbq.org)

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| **How would you like to serve in the Opening Doors Volunteer Program?**  **Short Term Regularly Scheduled** |
| **Date of Availability** |
| PLEASE LIST A START DATE OF AVAILABILITY: / /  m*onth day year*  PLEASE LIST AN END DATE OF AVAILABILITY: / /  m*onth day year* |
| **Emergency Contact Information** |
| **Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  ***First mi last***  **Address:­**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  *Street City State Zip*  **Primary Phone:** \_\_\_\_\_-\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Background** |
| The existence of a criminal record will not automatically disqualify an applicant from volunteering. The circumstances of a conviction will be considered in relation to the nature and duties of the volunteer position for which you apply.  **\*\*Failure to disclose will result in disqualification for volunteering\*\***  **Do you have a record of founded child or dependent adult abuse in this state or any other state? YES NO**  **If YES, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Have you ever been convicted of a crime in this state or any other state? (Please note: You are not required to reveal records that have been expunged, sealed, or impounded under state law.) YES NO**  **If YES, please explain offense and identify the state in which the offense occurred (prove dates & final disposition): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**OPENING DOORS**

**Volunteer Confidentiality Agreement**

As a person who will be volunteering at the Maria House and/or Teresa Shelter, the following is

a statement concerning confidentiality of information contained in and about this organization

that you might come in contact with during tenure with Maria House and/or Teresa Shelter.

We require that all information gained through service with our organization be treated

confidentially. Discussing any information with people who are not volunteers or who are not

staff members, in any situation, will destroy the bond of trust between the participant and the

Maria House and/or Teresa Shelter and will undermine our services.

A breach of confidentiality is a serious breach of trust and of ethical responsibility. It can

jeopardize the safety of participants, staff and volunteers, and thus be a cause for immediate

dismissal from service.

I agree not to divulge any information during or after my tenure of service with Maria House

and/or Teresa Shelter.

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

Printed name of Volunteer

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

Address/City/State/Zip (Please Print)

**Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_\_**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Please initial)** have received, read, and understand the volunteer position descriptions available to me through Opening Doors.

**Opening Doors Staff Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***If you are interested in any of the following volunteer opportunities it is required to fill out this background check form:***

***-Child Care Volunteer***

***-Maria House Volunteer***

***-Ride Connect Volunteer***

***-Interns/Work Study/Field Students***

**AUTHORIZATION FOR RELEASE OF INFORMATION**

Organization requesting release of information:

Opening Doors

2100 Asbury Road, Suite 8

Dubuque, Iowa 52001

(563)582-7480 Fax: (563)582-7467

Purpose:

Opening Doors may use this authorization and the information obtained with it, to determine eligibility for volunteering.

Authorization:

I authorize the above named organization to obtain a criminal background check.

Signature Date

Print the following Information:

Full Name:

Maiden Name:

Address:

Date of Birth:

Social Security Number: