



# FESCO VOLUNTEER APPLICATION

PLEASE FAX OR MAIL COMPLETED APPLICATION TO FESCO. FAX: 510-886-5814  
ADDRESS: 21455 BIRCH ST. #5, HAYWARD, CA 94541

## PERSONAL INFORMATION

Full Name: \_\_\_\_\_ I prefer to be called by the name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers  
 Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth (optional if over 18) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact phone Number(s): \_\_\_\_\_ Place of Business or School: \_\_\_\_\_

## AVAILABILITY & INTERESTS

Why are you interested in volunteering?

\_\_\_\_\_

\_\_\_\_\_

How often would you like to volunteer?

\_\_\_\_\_

Please list times and days you are available to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday  
 Sunday

Times Available:

\_\_\_\_\_

\_\_\_\_\_

Please check the kind of activities you are interested in:

Office Opportunities: \_\_\_\_\_ Shelter & Transitional Housing

Opportunities:

\_\_\_\_\_ Accounting/Financial \_\_\_\_\_ General Office Work \_\_\_\_\_ Homework

Assistance/Children's Activities

\_\_\_\_\_ Data Entry \_\_\_\_\_ Fundraising \_\_\_\_\_ Storytelling

\_\_\_\_\_ Computer Programming \_\_\_\_\_ Website Design \_\_\_\_\_ Maintenance/Handy

Person

\_\_\_\_\_ Computer Repair \_\_\_\_\_ Brochure Design \_\_\_\_\_ Meal Preparation

\_\_\_\_\_ Grocery Shopping

Thresholds:

\_\_\_\_\_ Sorting/Distributing Donations \_\_\_\_\_ Translation \_\_\_\_\_ Music \_\_\_\_\_ Spanish

\_\_\_\_\_ Pick-up & Delivery \_\_\_\_\_ Performing Arts \_\_\_\_\_ Other:

\_\_\_\_\_

Special (Once-a-Year) Events:

\_\_\_\_\_ Resettlement (2 or 3 times per year TBD) \_\_\_\_\_ Shelter Shuffle Walk-a-Thon (May)

\_\_\_\_\_ Adopt-a-Family (December) - Set up/Sorting/Driving \_\_\_\_\_ Halloween

Activities (October)

\_\_\_\_\_ Thanksgiving (November) - Pick up/Delivery of Donations \_\_\_\_\_ Dinner/Auction or  
 other Fundraiser  
 \_\_\_\_\_ Backpack Giveaway (August) - Sorting Supplies/Stuffing \_\_\_\_\_ Other:  
 \_\_\_\_\_  
 \_\_\_\_\_ backpacks & helping with distribution

**REFERENCES**

Please provide two academic, professional or volunteer references (from persons not related to you):

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Occupation: \_\_\_\_\_  
 \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 \_\_\_\_\_ Occupation: \_\_\_\_\_  
 \_\_\_\_\_ Best Phone Number: \_\_\_\_\_

**LEGAL INFORMATION**

Have you ever been convicted of a felony or misdemeanor (not including traffic citations)? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "yes," please explain:

\_\_\_\_\_

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, understand that any and all information that I may receive while performing my prescribed duties as a FESCO volunteer is strictly confidential. Examples of such information include: a person's name, living arrangements, employment, sexual orientation, personal history and the like. If I see a FESCO client in a public setting, I will not identify him/her as a FESCO client. I agree not to remove from FESCO premises any materials which may jeopardize the confidentiality of a FESCO client, donor, staff member or volunteer. I agree not to disclose any information of a confidential nature either while in performance of my duties or after I have terminated my involvement with FESCO. I understand that the violation of a client's confidentiality is grounds for immediate termination as a FESCO volunteer.

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

**VOLUNTEER POLICIES**

Please read the following carefully and sign at the bottom:

1. Volunteers are scheduled in advance. If you cannot arrive on time or at all, please notify staff in advance.
2. At the shelter, the shift worker on duty supervises volunteers; if you have any questions or problems, please talk to that person.
3. Should you have a problem that that person cannot solve, please call the Volunteer Coordinator the following day.
4. Volunteers are encouraged to enjoy the company and conversation of the residents and ex-residents. However, volunteers may not fraternize with clients or ex-clients; this includes transportation of clients in your car, sharing your home address or phone, meeting clients outside the shelter or providing addresses or phone numbers of family members.
5. Volunteers do not provide counseling in the shelter; please do not give advice even when requested. Each resident has a Case Manager who coordinates the client's progress.
6. FESCO is mandated by law to report any child abuse, neglect or abandonment. Should you become aware of any of these, please report incident to staff *immediately*.
7. There is no physical punishment of children allowed by residents, staff or volunteers; physical punishment includes spanking and slapping. If you witness such activities, please report to staff immediately.
8. I understand that engaging in sexual activity with clients and/or inappropriate conversation with children or adults is cause for *immediate* dismissal.

9. I understand that possession and/or use of a controlled substance (including alcohol), drunkenness on the job, and/or the use of alcohol on any FESCO premises is cause for immediate dismissal.

10. In the case of an emergency or accident, I authorize the staff of FESCO to take me to the nearest emergency hospital for such emergency treatment and measures as are deemed necessary for my safety and protection, at my expense.

*I agree with and consent to abide by the above policies:*

Name & Date \_\_\_\_\_

Signature: