

Date: _____

**FOLSOM CORDOVA COMMUNITY PARTNERSHIP
VOLUNTEER APPLICATION**

One-Time Volunteer Short-Term Volunteer Long-Term Volunteer (over 6 months)

VOLUNTEER OPPORTUNITY PREFERRED (check all that apply)

Roots and Horizons Mentoring Program Birth and Beyond
 Cordova Community Collaborative Special Events Other

VOLUNTEER INFORMATION

Name: _____ Age: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Alternative Phone: _____

Email: _____

Please Describe Your Availability: (attach additional sheets if needed)

Please Describe Your Relevant Experience: (attach additional sheets if needed)

EMERGENCY CONTACT:

Name: _____ Relationship: _____

Phone: _____ Alternative Phone: _____

1) How were you referred to Folsom Cordova Community Partnership?

2) Please list any languages that you speak other than English:

3) Are you currently receiving goods and/or services from the Partnership? Yes____ No____

4) Have you ever been convicted of a felony or misdemeanor? Yes____ No____

5) Are you completing volunteer work at Folsom Cordova Community Partnership as part of an outside commitment to fulfill a certain amount of hours? Yes____ No____

If yes, how many hours are you required to fulfill and why?

What is the deadline to complete your required hours? _____

VOLUNTEER POLICY & PROCEDURES

1. I understand that Folsom Cordova Community Partnership (the Partnership) does not accept walk-in volunteers and I will not bring anyone to the Partnership that has not been previously scheduled.
2. I understand that children under 16 years old must be accompanied by an adult at all times and/or be part of an organized group with adequate supervision and agree to abide by this provision.
3. As a representative of the Partnership, I will approach clients' needs with compassion, sensitivity, and without judgment.
4. I agree that I will hold the names and any personal information of Partnership clients in the strictest confidence. Inappropriate use of confidential material is sufficient grounds for immediate dismissal.
5. Any questions regarding volunteer service may be addressed to the Program Manager and/or to the Community Collaborations Manager. If I feel uncomfortable doing so, or if this does not generate a satisfactory response, I understand that I have the option of expressing my concerns to the agency Executive Director. All questions and/or concerns will be promptly investigated.
6. I agree to complete a volunteer time log. This information will be used by the Partnership for statistical and fundraising purposes. I further agree to notify the Program Manager and/or the Community Collaborations Manager if I need to change my schedule or in the event that I choose to resign from volunteer services at the Partnership.
7. Volunteers of the Partnership receive no goods or monetary compensation for services rendered. If a volunteer needs the assistance of any the Partnership services, arrangements will be made on an individual basis with the Program Manager and/or the Community Collaborations Manager.
8. The Partnership is committed to providing a work environment free from harassment. Folsom Cordova Community Partnership policy prohibits harassment of any kind, including harassment on the basis of race, color, religion, gender, sexual orientation, age, mental and/or physical disability, medical condition, national origin, and martial or local ordinance. Any allegations will be promptly and thoroughly investigated.

I acknowledge that I am not acting as an employee of Folsom Cordova Community Partnership. As a "volunteer" I realize that I have no legal claims for minimum wages, overtime, premiums, underemployment, compensation, workers compensation, liability or other provisions of law for Folsom Cordova Community Partnership "employees." Rather it is my desire to help the Partnership accomplish its mission. I have carefully reviewed and agree to abide by the policies and procedures set forth by the Partnership as described above and outlined in the Volunteer Policies and Procedures manual. I accept personal responsibility for my actions and understand that failure to abide by these policies and procedures may result in termination of my services.

Signature of Volunteer

Date

Signature of Parent/Legal Guardian
(if under 18 years old)

Date

Please fax completed form to: (916) 861-0648 Or mail to: 10840 Gadsten Way
Rancho Cordova, CA 95670

For more information about volunteering with the Partnership, please visit:
www.folsomcordovacp.org or email: volunteer4FCCP@gmail.com