



Volunteer Application

Thank you for your interest in becoming a volunteer at the Bonita Springs Assistance Office, Inc. (BSAO). Volunteers contribute substantially to the work of BSAO, and BSAO staff work closely with volunteers to make the experience as rewarding as possible. BSAO is a private, nonprofit organization, and works in partnership with United Way of Lee County. Since its creation in 1987, BSAO has provided temporary assistance to residents of Bonita Springs who have been affected by unexpected crises. It is a vital resource for families within the area who need a hand up, not a hand out. Every year, we directly serve approximately 2,500 people. Our goal is to foster independence and self-reliance through education and by bridging the financial needs of the recipients.

BSAO staff is composed of dedicated professionals with many years of experience in human service areas. As the economy continues to increase, challenges and the workload of BSAO continues to grow and resources are continually being stretched. This is why the contributions of volunteers are extremely important. BSAO volunteers who share the same belief in our goals help to make success stories happen.

APPLICANT DEMOGRAPHIC INFORMATION

Name _____
Last First Middle

Address _____
Street Apartment/Unit

City State Zip Code

Daytime Telephone Evening Telephone

Facsimile E-mail address

List other names which you are known by _____

Location and Date of Birth / / Social Security Number - -

Do you drive? Yes ___ No ___ License # State _____

Do you have access to transportation if you do not drive? Yes _____ No _____

In case of an emergency while volunteering, please list someone we may call on your behalf.
Name _____ Relationship _____

Telephone: _____
Daytime Evening

Why do you wish to volunteer for BSAO?

How did you hear of this volunteer opportunity?

Have you previously submitted an employment or volunteer application to BSAO?
Yes _____ No _____
If so, please indicate date(s) and position applied for _____

Please provide a copy of your Driver License

REFERENCES

List three references (not related to you) who have known you for five years or more.

1. Name _____

Daytime Telephone

Address

2. Name _____

Daytime Telephone

Address

3. Name _____

Daytime Telephone

Address

Have you ever been CONVICTED of a FELONY or MISDEMEANOR?

YES _____ NO _____

If YES, explain below

AVAILABILITY

Date available to start volunteering for BSAO: Month _____ Day _____ Year _____

Please indicate your approximate days and hours of availability

Days:

MON _____ TUE _____ WED _____ THU _____ FRI _____ SAT _____ SUN _____

Hours per week _____

List any special skills, licenses, certifications, trade, awards, publications, or other related items.

- Public Speaking
- Computers
- Database Management
- Desktop Publishing
- Graphic Design
- Fund-Raising
- Grant Writing
- Law Enforcement
- Microsoft® Office

- Photography
- Receptionist
- Statistical Research
- Translation/Languages _____
- Typing WPM
- Writing/Editing
- Internet Research
- Law
- Office Equipment

Other: _____

Please check the volunteer opportunity that you would like to participate in

- | | | |
|------------------------------------------------------|------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Fund-Raisers/Special Events | <input type="checkbox"/> Case Assistance | <input type="checkbox"/> Legal Assistance |
| <input type="checkbox"/> General Office Work | <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Budgeting |
| <input type="checkbox"/> House management mentoring | <input type="checkbox"/> Website updates | <input type="checkbox"/> Job hunting assistance |

VOLUNTEER AGREEMENT

As a nonprofit organization that relies on the generosity and trust of the Bonita Springs residents, organizations and businesses we work with highly committed individuals who want to make a difference in families' lives. Integrity, respect and high ethical standards are our core values in our daily operations. That is why we are asking you to read and sign the agreement below:

1. You agree that any information for which you become aware through any activity performed as part of your duties or responsibilities under this agreement shall remain confidential and shall not be disclosed to any third party without BSAO's prior written consent.
2. This Agreement shall constitute the entire agreement between the undersigned and BSAO and may be altered only by a subsequent written agreement signed by both parties. The laws of the State of Florida shall govern this agreement.

If the foregoing terms are acceptable to you, please indicate by signing and returning this agreement with the rest of your application. Make sure you retain a copy of the signed agreement for your own records.

Signed and sworn to before me this _____ day of 20_____

Signed _____

Witness _____

Notary _____

AUTHORIZATION TO RELEASE INFORMATION

Providing a hand up, not a hand out

By signing the statement below, you certify that the information you have supplied us is true and correct to the best of your knowledge. In the consideration of my application for a volunteer position with the Bonita Springs Assistance Office, Inc.:

(1) I hereby consent to being fingerprinted by a designated representative of a law-enforcement agency for the purpose of BSAO obtaining information needed to determine my suitability for a volunteer position;

(2) I hereby release (a) BSAO, (b) any and all state and/or federal law-enforcement agencies that are involved in obtaining my fingerprints, and/or investigating my criminal record, and/or communicating results on the investigation to BSAO, and (c) the representatives, employees, and agents of the aforementioned entities of any and all claims, actions, liabilities whatsoever arising from my being fingerprinted, investigated, and the results of the investigation being communicated to BSAO.

Further, I agree to maintain the confidentiality of BSAO’s information including its clients, and I understand that any breach of this agreement could be detrimental to the quality of services BSAO provides to the community. BSAO is an “at will” employer, which means that this relationship is strictly voluntary. My relationship with BSAO can be ended by myself or BSAO with or without cause or notice, at any time.

I, the undersigned, authorize and consent to any person, firm, organization, or corporation provided a copy (including photocopy or facsimile copy) of this Authorization to release to the Bonita Springs Assistance Office, Inc., any and all information or records requested by the Bonita Springs Assistance Office, Inc., regarding my relationship to such person, firm, organization, or corporation including, but not necessarily limited to employment records, military records, criminal information records (if any), in connection with my application to be a volunteer for the Bonita Springs Assistance Office, Inc. Any person, firm, organization, or corporation providing information or records in accordance with this Authorization is released from any and all claims or liability for compliance.

Applicant’s Name _____ Date of Birth _____

Applicant’s Current Address _____

Applicant’s Social Security Number _____

Signature _____ Date _____

Witness to Signature _____ Date _____

