



461 Mt. Support Road, PO Box 660, Lebanon, NH 03766 - (603) 643-2298

## Volunteer Application

Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

(Cell): \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Physical Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Current Employer (Name/Contact info): \_\_\_\_\_

\_\_\_\_\_

Prior Business Experience: \_\_\_\_\_

\_\_\_\_\_

Prior Volunteer Experience: \_\_\_\_\_

\_\_\_\_\_

How did you become interested in David's House? \_

\_\_\_\_\_

Do you have any physical limitations we should be aware of? \_\_\_\_\_

\_\_\_\_\_

Are you volunteering as part of or through a business, school group, or other organization? If so, which one? \_\_\_\_\_

\_\_\_\_\_

# Volunteer Opportunities

Please circle the volunteer opportunities that interest you.

- 1. Hospitality Volunteer:** *Must be at least 18 years of age or a teenager with adult supervision. A minimum commitment of 1 one-hour shift monthly is preferred, but flexible hours are available. Training (~ 1 1/2 hours) and orientation (with another volunteer) are required. Duties include: Talking with Guests, assisting Guests, and miscellaneous activities to maintain the house for the Guests. Please check general availability below:*

	Mon	Tues	Wed	Thur	Fri
<b>Mornings</b> 8 AM- 12 PM					
<b>Afternoons</b> 12 PM – 3 PM					
<b>Early Evenings</b> 3 PM – 5 PM					

- 2. Event Volunteer** – Help with fundraising and awareness activities.
- 3. Cook** – Prepare a meal for guests, either here or at your house.
- 4. Baker** – Prepare baked goods for guests or for events, either here or at your house.
- 5. Special Projects** – A variety! Include anything from data entry to maintenance.
- 6. Other Interests/Skills:** \_\_\_\_\_  
\_\_\_\_\_

Best time of day to contact you: \_\_\_\_\_ Preferred Method: \_\_\_\_\_

References: (Give at least two with a phone number and or email address)

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Initial: \_\_\_\_\_ Date: \_\_\_\_\_. I authorize David’s House to contact my references, listed above, to determine my suitability for the volunteer position I am applying for.

## Confidentiality Statement

I understand that this is an application for, and not a commitment or promise of, volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application and in interviews with David's House, that is true, correct and complete to the best of my knowledge.

I certify that I have and will answer any question that would unfavorably affect my application for a volunteer position. I understand that information contained on my application may be verified by David's House. I understand that misrepresentation or omissions may be cause for my immediate rejection as an applicant for a volunteer position with David's House or my termination as a volunteer.

**I understand and support the mission of David's House and agree that any information I receive, directly or indirectly, regarding any guest, will be kept in strict confidence. Breaches of confidentiality will be cause for immediate dismissal.** Should such a termination occur, I understand that my obligation to protect the confidentiality of both the guests and organizational information will continue after termination of my relationship with David's House.

I agree to hold David's House staff, directors, guests, and volunteers harmless in the event of an accident or injury sustained by me while performing my volunteer service. I agree that I will not use my vehicle to transport guests at any time for any reason.

**I agree to authorize a national background criminal and child abuse check with the cost to be paid by David's House:**

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

If accepted as a volunteer here, I agree that I am making a commitment to serve and will contact David's House at once if I discover that I cannot keep a scheduled time commitment.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Staff Use Only

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Status: Approved or Denied

Training Date: \_\_\_\_\_ Start Date: \_\_\_\_\_

## Employee/Volunteer Emergency Contact Form

**Name:** \_\_\_\_\_

### Personal Contact Info:

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

### Emergency Contact Info:

(PRIMARY CONTACT)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

(SECONDARY CONTACT)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home Address \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_ Employer \_\_\_\_\_

### Child Care Provider/School: (If applicable)

Provider/School Name: \_\_\_\_\_ Phone # \_\_\_\_\_

### Medical Contact Info:

Doctor Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Known Allergies: \_\_\_\_\_

I authorize David's House, Inc. and its representatives to contact any of the above on my behalf in the event of an emergency.

**Employee/Volunteer Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name (print): \_\_\_\_\_

## **Employee/Director/Resident Manager/Volunteer Protection (Whistleblower) Policy**

If any employee, director, resident manager or volunteer reasonably believes that some policy, practice, or activity of David's House Inc. is in violation of law, a written complaint must be filed by that employee, director, resident manager or volunteer with the Executive Director or the Board President. Any informant may make a report confidentially, and David's House shall exercise all reasonable measures to protect the confidentiality of the identity of the informant. Information will only be shared on a need-to-know basis in order to follow up on the report.

It is the intent of David's House, Inc. to adhere to all laws and regulations that apply to the organization and the underlying purpose of this policy is to support the organization's goal of legal compliance. The support of all employees, directors, resident managers and volunteers is necessary to achieving compliance with various laws and regulations. An employee, director, resident manager or volunteer is protected from retaliation only if they bring the alleged unlawful activity, policy, or practice to the attention of David's House Inc. and provide David's House Inc. with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees, directors, resident managers and volunteers that comply with this requirement.

David's House Inc. will not retaliate against an employee, director, resident manager or volunteer who in good faith, has made a protest or raised a complaint against some practice of David's House Inc. or of another individual or entity with whom David's House Inc. has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate of public policy.

David's House Inc. will not retaliate against employees, directors, resident managers or volunteers who disclose or threaten to disclose to a supervisor or a public body, any activity, policy, or practice of David's House Inc. that they reasonably believe is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning the health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this policy. I also verify that I have been provided with an opportunity to ask questions about the policy.

\_\_\_\_\_  
Employee, Director, Resident Manager or Volunteer Signature

\_\_\_\_\_  
Date

**<<<Page 6 left blank>>>**

