

NORTHLAND SHEPHERD'S CENTER

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5601 NE Antioch Rd, Ste 12

Gladstone, MO 64119

Volunteer Application

Contact Information

Name	
Maiden or Previous Name	
Street Address	
City ST ZIP Code	
Home Phone	
Cell Phone	
E-Mail Address	

Personal Information

Date of birth	
Best way to contact you	
How did you hear about NSC	

Additional Information

Employer/Occupation	
Are you a Veteran or Spouse of a Veteran?	

Availability

During which hours are you **available** for volunteer assignments?

<input type="checkbox"/> Monday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Tuesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Wednesday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Thursday	<input type="checkbox"/> AM	<input type="checkbox"/> PM
<input type="checkbox"/> Friday	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration/Office	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Nutritional Programs
<input type="checkbox"/> Aging with Excellence	<input type="checkbox"/> Handy Person	<input type="checkbox"/> Meals on Wheels
<input type="checkbox"/> Break Time Club	<input type="checkbox"/> Health Advocate	<input type="checkbox"/> Plate of Hope Food Pantry
<input type="checkbox"/> Call Care	<input type="checkbox"/> Learning & Laughter	<input type="checkbox"/> Speaker/Presenter
<input type="checkbox"/> Events	<input type="checkbox"/> Matter of Balance®	<input type="checkbox"/> Special Projects
<input type="checkbox"/> Friendly Visitor	<input type="checkbox"/> Newsletters/Mailings	<input type="checkbox"/> Transportation

Previous Work & Volunteer Experience

Summarize your previous work & volunteer experience.

PERSON TO NOTIFY IN CASE OF AN EMERGENCY

Name	
Street Address	
City ST ZIP Code	
Best Contact #	
Relationship to Volunteer	

Our Policy Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Agreement – By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statement, omission, or other misrepresentations made by me on this application may result in my immediate dismissal.

Policy - It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Background Authorization My signature below authorizes that Northland Shepherd’s Center can request background clearance from Police/sheriff’s department of or any entity chosen by Northland Shepherd’s Center specifically for conducting this search to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriff’s department and other entities from all liability that may result from any such disclosure made in response to this request.

Confidential Policy – All information of a confidential nature is to be held in the strict confidence by NSC volunteers and staff. All volunteer records will be kept in a locked file cabinet at the NSC office. No volunteer or staff person shall release, discuss or utilize information specific to client.

NSC volunteers, employees and members of the Board of Trustees will provide non-judgmental support, protect confidentiality and serve seniors of the Northland in a non-discriminatory manner. Representatives for NSC are prohibited from accepting personal gifts or money. Each individual will sign a disclaimer form, which is as follows:

I, (name of volunteer) _____, agree that in regards to the persons I serve through NSC that: I will abide by the Code of Ethics and Confidentiality policies of NSC and I will not become directly involved in any such personal financial and personal affairs, and I will not accept, and hereby disclaim, any personal gift, bequest or devise of any kind from such person.

TRANSPORTATION DRIVERS:

I, further agree that if I use my personal automobile to drive to and from my community partner agency NSC or during my volunteer service, I will maintain a valid driver’s license as well as keep in effect automobile liability insurance equal to or greater than the minimum required by the State of Missouri.

Name (printed)	
Signature	
Date	