



St. John the Evangelist Homeless Shelter

Located at 411 St. John Street (Access on 400 block of South Jefferson Street)

Mailing Address: PO Box 1743

Green Bay, WI 54305

Phone: (920) 436-9344

Email: sjehs@stjohnhomelessshelter.org

www.stjohnhomelessshelter.org

VOLUNTEER APPLICATION

Applicants with disabilities may request any needed accommodations to complete the application process.

An asterisk (*) by a field indicates that entry is required in the field. Required fields must be completed.

Main Application (Please Print Clearly)

Enter your full legal name, as it would appear on your driver's license.

Name: _____

Date of Birth: Month* _____ Day* _____ Year* _____ Gender:* Male _____ Female _____

Street Address*: _____

City/State/Zip: _____
City* State* Zip*

Home Phone: _____ Cell Phone: _____
(Area Code) Number (Area Code) Number

Work Phone (if you may be contacted at work): _____
(Area Code) Number

Email Address: _____ (This will not be shared. It allows the shelter to save money on postage and provides you with information in a timely manner.)

Emergency Contact: _____
Name (First Last)* (Area Code)* Phone Number* Relationship

Confidential Background Check Information

Please note: Information in this section is only used to obtain background checks, and is reviewed by a shelter staff member in strictest confidence.

Are you at least 18 years of age?* Yes _____ No _____

Have you ever been convicted or plead guilty or no contest to a misdemeanor or felony or other offense or civil forfeiture?* Yes _____ No _____

If yes, please provide information as to offense, date of offense or conviction and location of court: _____

(Note: A conviction is not an automatic bar to volunteering except as it may substantially relate to the volunteer position to which you are applying.)

Have you ever used a different last name? Yes ___ No ___

If yes, what was your previous name? _____

Have you lived at another address in the past 7 years? Yes ___ No ___

If yes, list previous address(es). (Street, City, State, Zip):

1. _____

2. _____

Declarations (Completion of all fields in this section is required.)

The Catholic Diocese of Green Bay (CDGB) and St. John the Evangelist Homeless Shelter (SJEHS) appreciate your willingness to share your faith, gifts and skills. Providing safe and secure programs for our members is of utmost importance to us. We take seriously our responsibility to keep records confidential. This includes, without limitation, the results of investigative reports. These reports, prepared under the Fair Credit Reporting Act for the benefit of the Diocese will include criminal background checks for all and may include investigative consumer reports. **This does not give SJEHS the authorization to conduct a credit check.** All information relating to the investigative reports will be stored in a secure and locked area.

Please read and **initial** each of the statements below. (Please do not use an 'x' or check mark)

- _____ 1. I understand that I can withdraw from the application process at any time.
- _____ 2. I understand that information may be obtained from sources I provided on the application and this information will be held confidentially by SJEHS and its local representative(s) and not revealed to me.
- _____ 3. I understand I have an ethical duty not to disclose confidential information that I may come upon during the course of being a volunteer.
- _____ 4. I agree to observe SJEHS's policies and any local guidelines/policies pertaining to the programs for which I am applying.
- _____ 5. I understand that SJEHS and its local representative(s) take all allegations of abuse seriously. Abuse of minors or vulnerable adults is grounds for immediate dismissal and possible criminal charges.
- _____ 6. I will notify SJEHS's Volunteer Coordinator if arrested or charged as well as if convicted.
- _____ 7. I understand that SJEHS is committed to maintaining a safe, healthy and efficient working environment for its employees/volunteers by creating a drug-free and crime-free workplace. I am aware that SJEHS's staff may routinely complete criminal background checks on current volunteers at any time.
- _____ 8. I hereby certify that the answers given by me to the above questions and statements are true and correct. I hereby authorize the employers, schools, and persons named in this application to give any information requested regarding my employability, character, and qualifications and release them from all liability for any damages for issuing this information. It is understood and agreed that any misrepresentation, false statement or omissions by me in the application, will be sufficient reason for rejection of my application or for dismissal at any time during my volunteer service, without liability to SJEHS or the CDGB. I also understand that including extraneous information not requested on this application will be sufficient reason for its rejection. I hereby release the CDGB and SJEHS any and all persons, business entities and government agencies, whether public or private from any and all liability, claims and/or demands related to the providing of this information.
- _____ 9. I have completely and accurately provided information for all areas of this application. I understand that my failure to do so will disqualify me from consideration.
- _____ 10. My signature indicates that I have read and understand the above stated information within this document and am signing below of my own free will.

Do not sign until you have read and initialed next to all of the above statements.

Printed Name _____ Signature _____

Date: _____

In accordance with the state and federal rules and to insure your privacy, this information will be maintained in a safe and secure file.

St. John the Evangelist Homeless Shelter

TB Risk Assessment Tool*

Date _____

Name _____ Birth Date _____
(Please print)

Complete the area below:	Yes	No
Do you currently have a cough that has lasted 3 weeks or longer?		
Do you bring up anything when you cough?		
Do you cough up blood?		
Do you sweat at night enough to soak the sheets?		
Do you have fever or chills?		
Have you lost 10 pounds or more recently without trying?		
Do you have chest pain?		
Have you ever shot drugs/injected drugs with needles?		
Were you born outside the United States?		
If yes, which country?		
Have you been in prison or in jail in the past 2 years?		
Have you been around anyone who was diagnosed with TB?		
Have you ever been told you had TB?		
Have you ever had a positive TB test?		
If yes, when and where?		
Have you ever had a chest x-ray for the detection and/or ongoing treatment of TB?		
If yes, explain when, where, and the circumstances.		
Are you currently under a doctor's care for TB?		
If yes, how long, and list the doctor's name.		

*Note: This is a screening tool only. All facilities that house a large population require a screening. This information may be screened by a healthcare practitioner from Outreach Healthcare at NEW Community Clinic if any questions or concerns arise. I agree to an evaluation of this information if medically necessary.

 Signature of Volunteer

Office Use: Date Faxed: _____

Confidentiality Agreement Form

All volunteers are responsible for maintaining and protecting the confidentiality of information as it relates to guests and St. John the Evangelist Homeless Shelter (SJEHS). Maintaining confidentiality will be in compliance with the law, enhance trust between the guests and SJEHS, and respect the guest's and SJEHS's right to privacy. SJEHS regards guest privacy seriously.

I, _____, as a volunteer of SJEHS, do hereby affirm that I will
(Please print name)
treat all SJEHS guests and organizational information as confidential. I will not divulge any information regarding guests either directly or indirectly. I further understand that I convey information concerning guests to shelter staff members and/or volunteers as necessary only for the proper provision of service to the guests. All requests for information made by professional agencies will be referred to the Lead Staff.

In signing this statement, I fully realize the importance of maintaining confidentiality and that a violation of confidentiality could result in immediate termination as a volunteer. Should such termination occur, I understand that my obligation to protect the confidentiality of both the guest and organizational information will continue after termination of my relationship with SJEHS. I further realize that any breach of confidentiality could also result in legal action by a guest.

I understand the Confidentiality Agreement listed above. (Please check.)

Signature of Volunteer

Date

Contact and Release Form

I hereby authorize St. John the Evangelist Homeless Shelter (SJEHS) of Green Bay, WI or its designated representative to photograph/videotape/audiotape me. I authorize the use of such photos/video/audio recordings of me or my child/ward for use now and in the future for the sole purpose of promoting SJEHS.

Please check one:

- I accept.
- I decline.

Signature of Volunteer

Date

Printed Name: _____

Please check all options of interest (see *Volunteer Information page*)

Operational:

- Hospitality
- Morning Meal Server
- Evening Meal Server
- Classroom Aide
- Health Outreach
- Interpreter

Non-Operational:

- Inventory
- Laundry
- Office/Receptionist
- Cleaning
- Fix-it
- Van-Truck/Hauler
- Landscaper
- Other

