



**St. John's Homeless Shelter** Located at 411 St. John Street (access on 400 block of S Jefferson St)

**Micah Center** Located at 700 E Walnut St (Corner of Walnut & Quincy St.)

Mailing Address: PO Box 1743

www.stjohnhomelessshelter.org

Green Bay, WI 54305

Phone: (920) 436-9344

Email: bgraham@sjehs.org

## 2018/19 ANNUAL VOLUNTEER RENEWAL FORM

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

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

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

\*Street Address: \_\_\_\_\_

\*City/State/Zip: \_\_\_\_\_  
City\* State\* Zip\*

\*Home Phone: \_\_\_\_\_ \*Cell Phone: \_\_\_\_\_  
(Area Code) Number (Area Code) Number

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
(Area Code) Number (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 update background checks, and is reviewed by a shelter staff member in strictest confidence. **Since you last completed an application or renewal,**

- 1) Have you 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 what was the offense, date of said 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.)

- 2) Have you changed your name?\* Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what was your previous name?

\_\_\_\_\_

### Volunteer – Updated Areas of Interest Please check all options of interest:

**Operational:**

- Hospitality
- Morning Meal Server
- Fill Requests
- Locker Room Help
- Interpreter

- Evening Lead
- Classroom Aide
- Health Outreach
- Guest Greeter
- Positive Choices
- Workshop Facilitator

- Donations Sorting
- Laundry
- Fix-It
- Cleaning
- Painting

**Non-Operational:**

- Office Receptionist
- Data Entry / Filing
- Landscaper
- Events Committee
- Fundraising Committee

Spanish \_\_\_\_\_

Topic: \_\_\_\_\_

Hmong \_\_\_\_\_

Emergency/On Call Help

## Boundaries Agreement Form

All volunteers are responsible for maintaining confidentiality and protecting the welfare of our guests, volunteers and staff. As a volunteer with St. John's I, \_\_\_\_\_ do hereby affirm that I

- 1) Will not provide any personal information including last name, phone number and address to guests.
- 2) Will not be Facebook or social media friends with a shelter guest.
- 3) Will not transport guests or provide rides.
- 4) Will not meet outside of Shelter/Micah with guests.
- 5) Will not call out or acknowledge guests outside of shelter, unless guest initiates greeting.
- 6) Will notify Volunteer Coordinator of any situation involving myself and a guest that has potential to interface outside of the Shelter/Center.
- 7) Will notify Volunteer Coordinator or Executive Director of any relationship I observe that appears to challenge these boundaries between a guest and volunteer or staff.
- 8) Will continue to do my best to protect all members of our St. John's family in a responsible, caring and loving manner.
  
- 9)  I understand the Boundaries Agreement listed above. (Please check) and understand that not maintaining this agreement will result in my dismissal as a St. John's Volunteer

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

For Office Use:

Date Received: \_\_\_\_\_ Boundaries Attached: Yes \_\_\_\_\_ No \_\_\_\_\_

Entered in Volgistics: \_\_\_\_\_ by: \_\_\_\_\_

Photo: Yes \_\_\_ No \_\_\_