

# St. Johns Homeless Shelter / Micah Center

Located at 411 St. John Street (access on 400 block of South Jefferson St) / 700 E. Walnut St (corner of Walnut & Quincy St)

**Mailing Address:** PO Box 1743, Green Bay, WI 54305

Phone: (920) 436-9344 Email: bgraham@SJEHS.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.)

St. Johns Homeless Shelter (SJEHS) and the Micah Center 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 SJHS 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 SJHS and its local representative(s) and not revealed to me.
- \_\_\_\_\_ 3. I understand that SJHS 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.
- \_\_\_\_\_ 4. I will notify SJHS's Volunteer Coordinator if arrested or charged as well as if convicted.
- \_\_\_\_\_ 5. I understand that SJHS 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.
- \_\_\_\_\_ 6. 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 SJHS 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.
- \_\_\_\_\_ 7. 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: \_\_\_\_\_

## 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*

## Confidentiality Agreement Form

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

I, \_\_\_\_\_, as a volunteer of SJHS, do hereby affirm that I will

*(Please print name)*

treat all SJHS 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 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:

Non-Operational:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> Hospitality         | <input type="checkbox"/> Classroom Aide | <input type="checkbox"/> Inventory           | <input type="checkbox"/> Maintenance/Fix-it |
| <input type="checkbox"/> Morning Meal Server |   | <input type="checkbox"/> Laundry             | <input type="checkbox"/> Van-Truck/Hauler   |
| <input type="checkbox"/> Evening Meal Server | <input type="checkbox"/> Interpreter    | <input type="checkbox"/> Office/Receptionist | <input type="checkbox"/> Landscaper         |
| <input type="checkbox"/> Other _____         |   |  |   |

Revised: 1/18/18