

Date: _____

Name: _____
First Middle Initial Last

Mailing Address: _____
Street/PO Box # City State Zip

Phone: _____ **Secondary Phone** _____

Email Address: _____ **Best way to contact you?** (Please check all that apply):

Phone: ___ Email: ___ Other: _____

Birthdate: ___/___/___

Emergency Contact 1: _____ **Phone:** _____ **Relationship:** _____

Emergency Contact 2: _____ **Phone:** _____ **Relationship:** _____

Insurance Company: _____

How did you hear about the volunteer and/or internship opportunities at SPIN Café?

Reason(s) for seeking volunteer and/or internship opportunities (please check all that apply):

- Gain skills for employment Give back to the community
 Court order Credit/internship
 Other (Please describe): _____

Are you a veteran or a member of active duty military/veteran's family? Yes No

If you are volunteering or interning for legal reasons or school credit, please complete the following:

Number of hours needed: _____ Requested completion date: _____

Contact/Supervisor _____

We currently need volunteers for the following services:

Dinner service (includes beverage prep and service, greeting guests plating and/or serving meals, clean-up)	Tuesdays, Wednesdays, Thursdays	2:30pm to 7:00pm
Kitchen meal prep (preparing food to be served at SPIN café)	Tuesdays and Thursdays	12:30pm to 4:30pm
Custodial service	Tuesdays and Thursdays	2:30 pm to 3:00pm
Open Center	Fridays, Saturdays, Sundays (& holiday Mondays)	11:00am to 7:00pm
Kids Summer Lunch Program	Summer season, Monday-Friday	11:30am to 1:30pm

Please indicate the days and times you are available in the appropriate box below:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Hours available per week: 1-5 5-10 More than 10 hours One-Time/Special Event

Employment/Volunteer/Educational Experience (list most recent first):

Agency/Company/School Name	Start Date	End Date	Responsibilities

Please check any program areas that you have skills or interest in:

<input type="checkbox"/> Computers/Technology	<input type="checkbox"/> Food & Nutrition
<input type="checkbox"/> Customer Service	<input type="checkbox"/> Fundraising/Donor Development
<input type="checkbox"/> Event Planning	<input type="checkbox"/> Maintenance & Gardening

Please check if interested in being a board and/or committee member, or if interested in volunteering on any of the following committees:

<input type="checkbox"/> Board Member	<input type="checkbox"/> Finance	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Publicity
<input type="checkbox"/> Facilities	<input type="checkbox"/> Technology	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Vocational Training

Please list any additional degrees, certifications, or training: _____

Please list any skills you would like to develop in this position: _____

Please list any physical or other special needs that should be considered in working at SPIN Café, including allergies: _____

VOLUNTEER/INTERN AUTHORIZATION

Please read the statements on the following page. Initial each section using the line to the left of the heading name, and sign and date your full name on the signature line at the end.

_____ **Authorization to Investigate:** I authorize SPIN Café to investigate all information contained in this application and authorize all persons, institutions, organizations and companies to furnish all pertinent information known to them about me. I certify that all statements are true and complete to the best of my knowledge and I understand that to knowingly misrepresent myself and/or omit facts called for herein will be sufficient cause for cancellation of consideration for volunteering or dismissal. I will also indemnify SPIN Café against any liability, which might result from making such investigation.

VOLUNTEER/INTERN AGREEMENT

_____ **Confidentiality Statement:** It is the policy of SPIN Café to provide its clients with the best possible service and to continually strive to ensure **confidentiality** and **privacy** in regard to service, applications, and discussions of or about any person the Agency serves.

- 1) All volunteers and interns will maintain confidentiality of applications.
- 2) All requests for information about those we serve must be referred to the program service coordinator and/or food service coordinator at SPIN Café.
- 3) A volunteer application completed and signed by the volunteer, must be on file with our Agency prior to working our facility.

_____ **Liability/Release Waiver:** SPIN Café volunteers shall not be liable for any injury, including death, damages or liability, to any persons and/or agencies for damage to property regardless of how such injury or damages, caused, sustained or alleged to have been sustained by the volunteer or by others as a result of any coordination or occurrence whatsoever related to this project. It is the volunteer's responsibility to report any injury promptly to the volunteer staff that is on shift. It is also agreed that the volunteer will follow all laws, safety rules, regulations, and policies as set forth by SPIN Café. If, in fact, a volunteer or intern causes an injury to another volunteer or intern, SPIN Café will not be responsible for the conduct of that volunteer/intern or injury of the individual who was injured. This volunteer agrees that this release, hold harmless and indemnity agreement shall be binding on this date.

_____ **Timesheets:** All registered and active volunteers and interns will complete a timesheet in accordance with SPIN Café policy and procedure to document their hours.

_____ **Photo Release:** I hereby authorize the use of my images, stories, and quotes for future SPIN Café publication and productions on behalf of SPIN Café. I do so with the understanding that I will raise awareness about the agency and its services, to raise money and in-kind donations, as well as recruit volunteer assistance to support the agency. The publicity includes, but is not limited to: 1) Articles in agency publications and displays, such as newsletters, brochures, social media sites, annual reports, exhibits, etc. 2) Mailings sent to SPIN Café constituents and to the general public. 3) Media publicity and productions, including television, radio, and newspapers.

- | | |
|--|--|
| <input type="checkbox"/> Check here to OPT out of publication of my photo. | <input type="checkbox"/> Check here to OPT out of our e-mail list. |
| <input type="checkbox"/> Check here to OPT out of publication of my name. | <input type="checkbox"/> Check here to OPT out of our snail-mail list. |
| <input type="checkbox"/> Check here to OPT out of publication of my story. | |

Volunteer Acceptance Statement

I have read and understand the above statements as it pertains to my volunteer/intern experience with SPIN Café. By signing I hereby agree to abide by the statements listed above as well as all policies and procedures set forth by SPIN Café.

Volunteer Signature

Date

MINOR VOLUNTEERS

At SPIN Café we need to have authorization for the minor to volunteer at our agency. We will need additional information for the minors – this information will be kept confidential until in case of an emergency. Please read the following minor consent form and sign in the appropriate places at the end of this section.

I hereby give permission for my child to volunteer at SPIN Café. I understand that I am responsible for delivering and picking up my child at this location and time provided by the program the minor is participating in. All risks associated with participating at SPIN Café, including but not limited to personal property or bodily injury, are assumed by me, his/her parent or legal guardian, as indicated by the signature below. In case of an emergency, I give my permission to SPIN Café to undertake the appropriate steps toward the welfare of my child, as required by the situation until the parent or legal guardian can be reached or a staff at SPIN Café (properly accompany) the minor to the hospital or to the most easily accessible medical facility. I understand knowingly that with this consent I will assume full responsibility for the payment of any services that are rendered if an emergency arises with my child.

Signature of Parent or Legal Guardian

Date

Minor Volunteer Signature

Date