



The Furniture Co-Op

VOLUNTEER INTEREST FORM

NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
PHONE:
EMAIL ADDRESS:

PLEASE PROVIDE THE FOLLOWING INFORMATION IF YOU ARE A STUDENT:

CURRENT GRADE: _____

SCHOOL ATTENDING: _____

PRESENT OCCUPATION: _____

EMPLOYER'S NAME: _____

COMMUNITY AFFILIATIONS (I.E. CHURCHES, CLUBS, CIVIC GROUPS, ETC): _____

EMERGENCY CONTACT #1	EMERGENCY CONTACT #2
CONTACT NAME	CONTACT NAME
RELATIONSHIP	RELATIONSHIP
PHONE (1)	PHONE (1)
PHONE (2)	PHONE (2)

VOLUNTEER AREAS OF INTEREST (CHECK ALL THAT APPLY)

- | | | |
|---|---|---|
| <input type="checkbox"/> SHOPPING ASSISTANT | <input type="checkbox"/> FURNITURE HANDYMAN | <input type="checkbox"/> DONATION SOLICITOR |
| <input type="checkbox"/> WAREHOUSE CLEANUP | <input type="checkbox"/> HOUSEWARES HELPER | |
| <input type="checkbox"/> CLERICAL WORK | <input type="checkbox"/> CLOTHING HELPER | |

ARE YOU AVAILABLE YEAR ROUND? YES NO

PLEASE CIRCLE WHICH MONTH(S) YOU ARE **AVAILABLE**:
 JAN FEB MAR APR MAY JUNE JULY AUG SEPT OCT NOV DEC

CHECK WHICH DAY(S) YOU ARE **AVAILABLE** TO VOLUNTEER:
 TUESDAY SATURDAY

IS THIS COURT ORDERED SERVICE? NO YES
 HOW MANY HOURS? _____ TO BE COMPLETED BY: ____/____/____

ARE YOU FLUENT IN A LANGUAGE OTHER THAN ENGLISH AND IF SO, WHAT LANGUAGES?

HOW DID YOU LEARN ABOUT OUR VOLUNTEER OPPORTUNITIES?

The Furniture Co-Op

Persons participating in services provided by The Furniture Co-Op must be given the utmost respect in terms of confidentiality or information about their participation.

SPECIFICALLY:

- You may not admit to, acknowledge or inform anyone or any agency that a person has participated at this agency.
- You may not share any information verbally or written regarding any persons without (a) expressed permission of staff (b) a signed consent to release information by the person involved.
- You may not discuss, present or share any information about a client outside this facility that would breach that client’s confidentiality or anonymity. You may not use a client’s name.
- Any breach of the above agreement will result in termination and/or disassociation from this agency.

By signing this form I am acknowledging that I have read and understand the Confidentiality Agreement as stated.

I understand that I am not considered an employee of The Furniture Co-Op while performing volunteer work for the organization. I further understand that as a volunteer, I am not covered by Workers’ Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer.

In Connection with my voluntary involvement in activities undertaken for, and with the participation and support of The Furniture Co-Op, a nonprofit organization, I hereby agree for myself, my heirs, assigns, executors, and administrators to release and discharge The Furniture Co-Op, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold The Furniture Co-Op, its officers and directors, employees, agents, and volunteers harmless from any cause of action, claim, or suit arising therewith. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I further grant to The Furniture Co-Op, its assigns and successors, my consent and full right to use my name, photograph, likeness, image, voice, and biography in any and all media publications, advertising, and publicity in connection with my participation hereunder.

Individual Signature: _____ **Date:** ____/____/____

Parent/Guardian Signature: _____ **Date:** ____/____/____

All volunteers under the age of 18 must have a parent or guardian signature before they can start

Please return this form by fax/mail/email:

Fax: 203-389-1112

Mail: 30 Morris Avenue

West Haven, CT 06516

Email: scallahan@nhhr.org