

New Haven Home Recovery, Inc.



VOLUNTEER INTEREST FORM

NAME:
STREET ADDRESS:
CITY, STATE, ZIP:
PHONE:
EMAIL ADDRESS:
DATE OF BIRTH:

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"/> ADMINISTRATION | <input type="checkbox"/> FURNITURE CO-OP | <input type="checkbox"/> DONATION SOLICITOR |
| <input type="checkbox"/> AFTER SCHOOL PROGRAM | <input type="checkbox"/> PREPARE A MEAL | <input type="checkbox"/> OTHER (EXPLAIN BELOW) |
| <input type="checkbox"/> FUNDRAISING | <input type="checkbox"/> COIN COLLECTION | |

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:

SUNDAY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY 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?

New Haven Home Recovery, Inc.

HOW DID YOU LEARN ABOUT OUR VOLUNTEER OPPORTUNITIES?

Persons participating in services provided by New Haven Home Recovery, Inc. 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 New Haven Home Recovery, Inc. 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 New Haven Home Recovery, Inc., a nonprofit organization, I hereby agree for myself, my heirs, assigns, executors, and administrators to release and discharge New Haven Home Recovery, Inc., 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 New Haven Home Recovery, Inc., 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 New Haven Home Recovery, Inc., 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: 203-492-4872

Mail: 153 East Street, 2nd Floor

New Haven, CT 06511

Email: kmckay@nhhr.org