

A Lot of Good/ALOGTS Volunteer Application

Name: _____ Today's Date: _____
 Address: _____ City: _____
 ST: ____ Zip Code: ____ Preferred Communication: Email Call Text
 PHONE: Mobile: _____ Home: _____
 email: _____ Language: English Spanish. Other:
 Birthdate: _____ Gender: Male Female Other: _____
 Have you ever been convicted of a misdemeanor or a felony? Yes No (If yes, please explain below)

Do you authorize A Lot of Good to obtain a criminal background check, if necessary? Yes No

Emergency Contact Name: _____ Emergency Contact Ph# _____
 Why do you want to volunteer: Experience Like the cause Community service
 If Community Service Requirement: Court Ordered CalWorks/County Program
 School... _____ Other: _____

What type of volunteer work would interest you? (Check all that apply)

<input type="checkbox"/> Thrift Store	<input type="checkbox"/> Networking	<input type="checkbox"/> Web Design/Update
<input type="checkbox"/> Special Projects	<input type="checkbox"/> Event Support	<input type="checkbox"/> Communications
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Photography/Video
<input type="checkbox"/> Operations/Office	<input type="checkbox"/> Marketing	<input type="checkbox"/> Other: _____

SPECIFIC SKILLS (if any). Please rate from 1 (low) to 5 (high)

Accounting	1 2 3 4 5	Excel	1 2 3 4 5	People Skills	1 2 3 4 5
Marketing	1 2 3 4 5	Word	1 2 3 4 5	Photography	1 2 3 4 5
Networking	1 2 3 4 5	Graphic Design	1 2 3 4 5	Videography	1 2 3 4 5
Fundraising	1 2 3 4 5	Journalism/Writing	1 2 3 4 5	Relationship building	1 2 3 4 5
Event Coordination	1 2 3 4 5	Communications	1 2 3 4 5	Other: _____	1 2 3 4 5

RETAIL SPECIFIC SKILLS (if any). Please rate from 1 (low) to 5 (high)

Retail Management	1 2 3 4 5	Customer Service	1 2 3 4 5
Cashiering	1 2 3 4 5	Merchandising	1 2 3 4 5

How many hours would you like to spend as a volunteer?
 ON GOING? ____ week ____ month.
 ONE TIME ____ Total Hours. Date to be completed _____

Enter times available to volunteer below

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start time							
End time							

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Employment & Volunteer History. (Attach separate sheet if necessary)

Company		Phone #		Position		Start date	
Supervisor		Reason for Leaving				End Date	
Company		Phone #		Position		Start date	
Supervisor		Reason for Leaving				End Date	
Company		Phone #		Position		Start date	
Supervisor		Reason for Leaving				End Date	

Were you ever asked to relinquish a volunteer position? Yes No

If yes, please explain: _____

Do you have any physical limitations? Yes No

If yes, please explain: _____

Are you currently enrolled in school or will you be? Yes No

If yes, where and when? _____

REFERENCES: Please give first and last name, relationship and phone

	First & Last Name	Relationship	Phone #
1			
2			
3			

THIS SECTION TO BE COMPLETED BY ALOT OF GOOD VOLUNTEER SERVICES

App Rec'd	Interview	Dept	Location	Title/ position
Notes				

Tentative Start Date	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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ACKNOWLEDGEMENTS AND OTHER INFORMATION

I have completed and reviewed this application and attest the information provided is true. I am volunteering my time and I understand I will not be compensated for my services as a volunteer or reimbursed for any expenses incurred. By signing below, I am agreeing to all terms, conditions and statements listed within this application, as well as, any future stipulations if I am selected as a volunteer. I am aware there is a separated contract I need to review a& sign if I am completing Community Service hours.

LIABILITY RELEASE: I understand that A Lot of Good will not be liable for any acts, injury or damage done to any person or property any me while I am volunteering for A Lot of Good. Further, I will hold A Lot of Good harmless on any acts, injury or damage to me or my property while I am volunteering for A Lot of Good.

PHOTO/VIDEO RELEASE: I hereby authorize A Lot of Good to edit change, copy and make any use of all photographs/ video/audio recordings of me to be used for promotional purposes and materials. I hereby acknowledge that I will not be entitled to payment of any sort of charge for such action. I authorize the use of my photo/video for but not limited to publication on the internet, social media, magazines, journals, books, articles, etc., provided that it is done for lawful purpose. Upon the usage of my images, I consent to such materials becoming the sole property for A Lot of Good and that I will no longer be entitled to them provided it is done for lawful purposes. I hereby release all rights to any, but not limited to, claims, rights, demands, and/or any causes of action by me or my representatives, heirs, or anyone else. Furthermore, I hereby waive my right to any royalty or other compensation with regard to the usage of the photos in this form.

CONFIDENTIALITY POLICY: A Lot of Good is committed to a strict standard of confidentiality to protect the privacy of all staff, Board Members, volunteers, recipient families, customers and donors. This policy applies to all information, wherever verbal, written, electronic or in any other format.

A Lot of Good considers the following types or information to be confidential.

- Personal information and personal health information regarding staff, Board Members, volunteers, recipient families, customers and donors
- Employment information and compensation regarding staff
- Information regarding the confidential business of the organization which is not publicly disclosed by the organization
- Legal matters that involve the organization but are no public knowledge
- Financial information that will not be available in the company's Annual Report and/or Audited Statements
- Information discussed at staff and/or Board Meeting
- Information discussed with or received from donors, customers, recipient families or any other person receive or inquiring about assistance form A Lot of Good. This includes conversation overheard or information gathered inadvertently in any other manner.

Individuals who obtain confidential information by any means should avoid the following:

- Sharing confidential information with friends, friends, family or any other person who does not have an A Lot of Good approved business need to know the information
- Talking about confidential information in public places such as elevators, airplanes, restaurants or any other place where you may be overheard.
- Leaving confidential information unattended on desks or elsewhere with A Lot of Good, in public areas, etc.
- Copying, uploading, downloading, or otherwise duplicating confidential information without an express business need to do so
- Confidential information transmitted to A Lot of Good via phone, fax, email, standard mail, internet or by any other means by social workers, customers, recipient families or any other person shall be kept in strict confidence and all be used strictly for its intended purpose.
- Documents containing confidential information will be disposed of in a secure manner. Stored documents containing confidential information shall be accessible to authorized personnel only.

I hereby warrant that I am over 18 years of age, and am competent to contract in my own name, insofar as the above is concerned.

Print Name

Signature

Date

Print Name of Parent or Guardian if under 18

Signature

Date