



181 Bluffton Rd., Bldg. D101, Bluffton, SC 29910 Phone: 843.815.4211 Fax: 843.815.4212 www.familypromisebeaufortcounty.org

VOLUNTEER APPLICATION

FIRST NAME	MIDDLE NAME (REQUIRED)	DATE OF BIRTH (mm/dd/yyyy)
LAST NAME		PHONE NUMBER (PRIMARY) <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME
EMAIL		PHONE NUMBER (SECONDARY) <input type="checkbox"/> MOBILE <input type="checkbox"/> HOME
STREET ADDRESS / COMMUNITY NAME		
CITY / STATE / ZIP		DRIVER'S LICENSE # (ISSUING STATE)
EMERGENCY CONTACT: NAME	EMERGENCY CONTACT: RELATIONSHIP	EMERGENCY CONTACT PHONE NUMBER
NAME OF HOST/SUPPORT CONGREGATION (if applicable)		
IF NEEDED, I CAN HELP OUT AT ANY HOST CONGREGATION IN? <input type="checkbox"/> Beaufort <input type="checkbox"/> Bluffton <input type="checkbox"/> Hilton Head Island		

CONSENT TO CONDUCT CRIMINAL HISTORY CHECK

Have you ever been convicted of a crime? YES NO

(A conviction will not necessarily be a cause for disqualification from volunteering).

If yes, please describe conviction(s) and give date(s) and location(s) _____

I understand that to help ensure the safety of our residents, volunteers and staff, Family Promise of Beaufort County conducts criminal background checks on all adult individuals applying as a Volunteer for our shelter programs and will repeat checks over time at its discretion. Results of the criminal history check could affect eligibility as a Family Promise volunteer. Results will be used solely for the purpose of the Family Promise program. I also understand that if my volunteer activities involve driving Family Promise clients or Family Promise vehicles, I will be asked to provide a copy of my Driver's License and a copy of my automobile liability insurance ID card. _____

(initial here)

CONFIDENTIALITY AGREEMENT

I agree as follows in consideration of my support work as a volunteer in any of the programs of Family Promise of Beaufort County:

1. I acknowledge that I have been advised that all work or activities I am assigned may involve material and information of a highly sensitive and confidential nature.
2. I shall hold in trust all confidential and proprietary information acquired during my support work or activities that relate to the client or clients and her/his children, and except as may be authorized by an adult client in writing, I shall not disclose or divulge to any person any such information.
3. I promise to hold all confidential and proprietary information relating to clients and the children of clients in trust and to maintain said confidentiality even after my association with Family Promise. _____

(initial here)

PHOTO RELEASE

Check here if you give Family Promise of Beaufort County permission to use my photograph, voice or image, with or without my name, both singly and in conjunction with other persons or objects for publicity or recruitment purpose.

Check here if you do not grant permission for your photo to be used by Family Promise of Beaufort County. _____

(initial here)

CODE OF CONDUCT

As a volunteer for Family Promise of Beaufort County the primary goal is to provide appropriate services and support for homeless families and their children. In doing so, a volunteer must observe and comply with the Code of Conduct set forth in this document. If a situation is questionable, consult a staff member of Family Promise.

1. A volunteer shall treat all participants, volunteers, staff members and representatives from collaborating agencies with respect, courtesy, fairness and good faith.
2. A volunteer shall safe guard the participant's right to confidentiality within the limits of the law.
3. A volunteer shall discuss any suspicion of child abuse with staff immediately.
4. A volunteer shall demonstrate non-discrimination among all persons served, and among the volunteers, and others involved with the program.
5. A volunteer shall respect the interfaith nature of the program and refrain from proselytizing and evangelizing.
6. A volunteer shall report all conflicts with program participants to staff immediately and work with staff on resolving conflicts.
7. A volunteer shall report any personal complaint or grievances, and any program complaints or grievances reported to him/her, through the grievances process.
8. A volunteer shall refrain from providing services while impaired owing to the volunteer's physical and mental health due to use of medication, drugs or alcohol.
9. A volunteer shall refrain from secluding himself or herself alone with a participant or a participant's child(ren) by remaining in sight of other participants, volunteers or staff.
10. For the safety of both volunteers and guests, volunteers are not to accept primary responsibility for children in the program. They must remain under the supervision of their parents at all times.
11. A volunteer shall refrain from providing personal information (i.e. phone number & address) to a participant. A volunteer will inform a staff member of Family Promise with any exceptional circumstance.
12. A volunteer shall respect the participant's and their own roles with Family Promise and refrain from establishing unprofessional relationships while participants are in the program.
13. All donations to guests (monetary and/or goods) must be coordinated through staff. Guests are not permitted to request or accept donations of any kind without prior approval of the Director and could be removed from the program if they violate this rule.

Your signature below means that you have consented to a Criminal History background check, comply with the Confidentiality Agreement, understand the Photo Release unless you have opted out, and agree to abide by the Code of Conduct. You are also acknowledging that you have received a copy of this agreement.

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my elimination as a volunteer.

Volunteer Name *(please print legibly)*: _____

Volunteer Signature: _____ Date _____

Signature of Parent
or Legal Guardian if under 18: [Click here to enter text.](#) _____ Date _____

If you have any questions, please feel free to contact Family Promise at 843-815-4211

STAFF USE ONLY

Background check performed on: Date _____ by _____

Recorded in Database on: Date _____ by _____