



Volunteer Application

Thank you for your interest in becoming a volunteer at Beacon House. Volunteers contribute substantially to the work of Beacon House, and our staff works closely with volunteers to make the experience as rewarding as possible. Beacon House is a private, nonprofit organization, which provides a haven for those living with a life-changing or catastrophic health situation and for those who experience losses in quality of life from chronic pain. For individuals, family members and caregivers, our hope is to transform the experience of illness through education and support.

Our mission is to provide resources that support the healing process for those involved in a catastrophic or life-changing health situation. The information, programs, and services will foster the discovery of joyful living, personal direction, and empowerment in the journey towards healing of body, mind and spirit.

Beacon House relies on volunteers who can provide us with dedicated service and experience in relevant areas. As the workload of Beacon House continues to grow and resources are continually being stretched, the contributions of volunteers are extremely important. Beacon House volunteers who share the same belief in our goals help to make the success stories happen.

Name _____
Last First Middle

Address _____
Street Apartment/Unit

_____ City State Zip Code

Daytime Telephone _____ Evening Telephone _____

Fax _____ E-mail _____

List other names which you are known by _____

Social Security Number _____

In case of an emergency while volunteering, please list someone we may call on your behalf.

Name _____ Relationship _____

Daytime Telephone _____ Evening Telephone _____

Why do you wish to volunteer for Beacon House? _____

How did you hear of this volunteer opportunity? _____

Have you previously submitted a volunteer application to Beacon House? Yes _____ No _____

If so, please indicate date(s) _____

Educational Background

Please list your education (last grade completed) and other learning experiences. Be specific about certificates and licenses and number of hours studied for any services you wish to provide.

Current or Past Employment or Volunteer Position(s)

Please describe your experience with current or past volunteer organizations or employers.

References

List three references (not related to you) who have known you for five years or more.

1.) Name _____ Daytime Telephone _____

Relationship _____ Address _____

2.) Name _____ Daytime Telephone _____

Relationship _____ Address _____

3.) Name _____ Daytime Telephone _____

Relationship _____ Address _____

Have you ever been convicted of a crime? Yes _____ No _____

(Such conviction may be relevant if related, but may not bar you from volunteering)

If yes, please explain _____

Availability

Date available to start volunteering for Beacon House: Month _____ Day _____ Year _____

Please indicate your approximate days and hours of availability.

Days: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Total Number of Hours Available Per Week _____

*Are you willing to commit to one year (*practitioners only)? Yes No

Check any special skills, interests, trades, or other related items.

- | | |
|----------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Statistical Research |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Translation/Languages |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Typing WPM |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Internet Research | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Library Research | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Microsoft® Office | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Office Equipment | |

Please describe/list the volunteer activities that you would like to participate in. _____

List programs and services you wish to provide at the Beacon House. (Include required licenses and certifications for any services you wish to perform).

Do you carry professional liability insurance? List your provider. _____

Applicant Agreement

In the consideration of my application for a volunteer position with Beacon House:

I understand that Beacon House is an “at will” organization, which means that this relationship is strictly voluntary. My relationship with Beacon House can be ended by myself or Beacon House with or without cause or notice, at any time.

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge, and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate termination even if discovered at a later date. I hereby release Beacon House and any representatives that are involved in investigating my criminal record, and/or communicating results on the investigation to Beacon House, employees, and agents of the aforementioned entities of any and all claims, actions, liabilities whatsoever arising from my being investigated, and the results of the investigation being communicated to Beacon House.

I agree to maintain the confidentiality of Beacon House information. I acknowledge and confirm that as a volunteer I may acquire information on Beacon House, its clients, staff and volunteers, and about certain matters and things which are of a confidential nature and that such information is the exclusive property of the organization and will remain in the strictest confidence. I agree that any information for which I become aware through any activity performed as part of my duties or responsibilities under this agreement shall remain confidential and shall not be disclosed to any third party without Beacon House’s prior written consent. I agree to exercise due care to ensure that any information I may give to others in the course of my duties as a volunteer or otherwise is information that is required to be given and is given to a party entitled to receive such information. I agree I will not discuss the details of my volunteer work with any representatives of the media or publicize any of the confidential aspects of my work orally or by written work or any other medium of communication.

I, the undersigned, authorize and consent the release of any and all information and records to any person, firm, organization, or corporation providing a copy (including photocopy or facsimile copy) of this Authorization regarding my relationship to such person, firm, organization, or corporation including, but not necessarily limited to employment records, military records, criminal information records (if any), in connection with my application to be a volunteer for Beacon House. In addition, I consent to the release of any information about my education, credentials, experience, abilities, characteristics or traits held or known by other organizations or individuals, including schools and educational institutions, professional or business associates, and friends and acquaintances that Beacon House might contact in the course of conducting a reference check or background investigation of my suitability as a volunteer or practitioner.

In exchange for Beacon House's consideration of my volunteer/practitioner application, I agree not to file or pursue any complaints, claims, or legal actions of any kind against any organization or individual that provides information about me in accordance with the terms and intent of this release

Applicant Name _____ Date of Birth _____

Applicant Signature _____

Date _____

Witness Name _____

Witness Signature _____

Date _____