

One Good Deed Volunteer Application

Date _____

Name _____

Address _____

City and Zip _____

Date of Birth _____

Home/Cell Phone _____

Email Address _____

Occupation _____

How did you hear about One Good Deed? _____

Volunteer Options (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> shopping for groceries/errands | <input type="checkbox"/> reading or game playing |
| <input type="checkbox"/> writing letters/reading | <input type="checkbox"/> caring companionship |
| <input type="checkbox"/> telephone friend | <input type="checkbox"/> bills/record keeping |
| <input type="checkbox"/> meal preparation/planning | <input type="checkbox"/> yard work/gardening |

How often would you like to volunteer for One Good Deed?

once a week twice per month as needed

Please check all days and times that are convenient to volunteer. (Check all that apply)

	Monday	Tuesday	Wedn.	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Please list your interests, skills or other hobbies that would help to match you with care recipients?

Do you smoke? yes no
Are you allergic to pets? yes no (specify pet type) _____
Do you object to a care recipient of the opposite gender? yes no
Is English your primary language? yes no

What other languages besides English do you speak? _____

List any special considerations for determining your care recipient match, such as location, or other helpful information.

Emergency contact:

Name _____
Relationship _____
Home/Cell Phone _____
Email Address _____

References: Please list two references that we may contact that are not family members.

Name _____
Relationship _____
Home/Cell Phone _____
Email Address _____

Name _____
Relationship _____
Home/Cell Phone _____
Email Address _____

Signature of Volunteer/date _____

One Good Deed Volunteer Confidentiality Agreement

One Good Deed, Inc. appreciates the contributions of its volunteers. You are a welcomed and essential part of the service we provide to the many people in our community. A cornerstone of our services is the privacy we extend to the people we serve. To ensure privacy, it is important that you as a volunteer of One Good Deed:

- Respect the confidentiality rights of those receiving care through this organization
- Refrain from disclosing confidential information about any care recipient
- Not repeat any information that is revealed to you in a confidential manner
- Try to use first names only when discussing situations that involve care recipients

I have read and I agree to abide by the One Good Deed, Inc. policy regarding confidentiality. I understand that a breach of confidentiality is sufficient grounds for termination as a volunteer.

_____ **Signature of Volunteer/date**

_____ **Print Name of Volunteer**