

Safe Harbor Crisis Nursery Volunteer Enrollment Form

Safe Harbor Crisis Nursery
1111 North Grant Place
Kennewick, WA 99336
(509) 374-4902
(509) 374-2703 - Fax



Sails Outlet Thrift Store
408 N. Fruitland St.
Kennewick, WA 99336
(509) 586-8599

Volunteer Enrollment Form:

Name: _____ **Birth date:** ____/____/____
Address: _____ **Day Phone:** _____
City/State/ZIP: _____ **Evening Phone:** _____
Sex: Male Female **Email:** _____

Cellphone:

Do you give your permission for the use of your photo in publicity? Yes No
 Do you volunteer now? Yes No If so, where _____
 What languages do you speak? _____

Availability Category: Long Term Short Term Special Events
 Safe Harbor Guild

Safe Harbor Crisis Nursery Opportunities: Childcare Thrift Store Clerk Donation Assistant
 Clerical Event Planning Fundraising General Maintenance Yard Work Other _____

Do you have: (For Sails Outlet Thrift Store Site)

Cashier experience? Yes No
Customer service experience? Yes No
Would you be willing to transport donations? Yes No

Phone:

Do you have a current: (For Safe Harbor Crisis Nursery Site)

Washington Food Service Worker permit? Yes No
HIV/AIDS Training Card? Yes No
Tubercular test result (Mantoux method)? Yes No
Multimedia standard first aid card? Yes No
Infant-Child Cardiopulmonary resuscitation (CPR) card? Yes No

Days of the Week:

Available
 Sun Mon
 Tues Wed
 Thurs Fri
 Sat

Optional Information: (Check all that apply)

Do you have a disability? Yes No If yes, what? _____
 How did you hear about Safe Harbor Crisis Nursery?
 Volunteer Friend Staff Member Television Radio Newspaper Other: _____
List your Key Strengths:

Emergency Contact Name:

I understand that all information on this form is voluntarily supplied and may be disclosed for volunteerism purposes only. I hereby volunteer my services and understand that I am not a paid employee of Safe Harbor Crisis Nursery agency. I understand that I may choose among the volunteer jobs referred to me and I am under no obligation to accept any placement.

Volunteer Signature (Guardian if under 18) _____

Date of Signature _____

Pledge of Confidentiality

The Safe Harbor Crisis Nursery provides a wide range of services to children and their families. Your role as a volunteer assisting in some capacity with those services is greatly appreciated. As a volunteer, it is essential for you to understand that any and all names you may view or hear in the course of your duties, as well as any written material or correspondence, is treated as confidential. **“Confidential” means that any materials seen or heard are not discussed or shared in any manner outside the agency in which you are working.**

Clients who receive services from the crisis nursery and its partners expect this confidentiality, and are promised the highest level of privacy by crisis nursery policies and state and federal laws. A client can only authorize the sharing of information with another party with a signed Release Form.

Your signature below indicates your understanding and pledge to treat your duties with the highest level of confidentiality and privacy, and to maintain the standards of service of Safe Harbor Crisis Nursery.

Volunteer Signature

____/____/2011

Director/Supervisor Signature

____/____/2011