

Primrose Center, Inc.

Volunteer Enrollment Form

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Office: _____ Cell: _____

Emergency contact: _____ Phone: _____

I. Skills and Interest

1. Education background: _____

2. Current occupation: _____

3. Hobbies, skills, interests: _____

4. Previous volunteer experience: _____

II. Preference in volunteering

1. Is there a particular type of volunteer work in which you are interested? (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Work one-on-one with a single person | <input type="checkbox"/> No preferences |
| <input type="checkbox"/> Work directly with a staff person as an assistant | <input type="checkbox"/> Provide service to several individuals |
| <input type="checkbox"/> Assist in the office with general administrative duties | <input type="checkbox"/> Doing public speaking, fundraising, etc. |
| <input type="checkbox"/> Doing research, training, or an individual project | <input type="checkbox"/> Work occasionally on group projects |
| <input type="checkbox"/> Other _____ | |

2. Is there a person or group with whom you are particularly interested in working? (Check all that apply)

- | | | | | |
|--|---------------------------------|----------------------------------|--------------------------------|----------------------------------|
| <input type="checkbox"/> No preference | <input type="checkbox"/> Adults | <input type="checkbox"/> Seniors | <input type="checkbox"/> Males | <input type="checkbox"/> Females |
| <input type="checkbox"/> Agency Staff | | | | |
| <input type="checkbox"/> Other: _____ | | | | |

3. Are there any groups with which you would not feel comfortable working?

- | | |
|-----------------------------|-------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes: _____ |
|-----------------------------|-------------------------------------|

III. Availability

1. At what times are you interested in volunteering?

- Am Flexible Prefer weekdays Prefer evenings
 Prefer weekends Prefer days Other: _____

2. Do you have a preference as to where you do volunteer work?

- No Yes: Where: _____
 Civitan Cypress Dunsany Lake Telfer Lake Margaret
 Suburban Brevard Hacienda ADT (Ferncreek)
 TAP PIP Primrose Industries

3. Do you have access to an automobile you can use for volunteer work?

- No Yes

IV. Background Verification

1. Have you ever been convicted of a criminal offense?

- Yes No

2. Have you ever been charged with neglect, abuse, or assault?

- Yes No

3. Has your driver's license ever been suspended or revoked in any state?

- Yes No

4. Do you use illegal drugs?

- Yes No

5. Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

- Yes No

6. Please list two non-family references that we might contact:

a. _____ Phone: _____

b. _____ Phone: _____

7. How did you hear about us?

- Saw a job description Saw advertisement/flyer Volunteer Center
 From client of agency Referred by friend/volunteer From agency/school _____
 Primrose employee _____

Primrose Center, Inc.

Parental Consent Form

In order for your child to become a volunteer with us, we need your consent and your involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. Please contact our **Volunteer Coordinator** at **407-509-0744** if you have any questions, would like further information, or would just like to discuss this with someone.

Name of agency: Primrose Center, Inc.

Name of prospective youth volunteer: _____

1. Describe your anticipated volunteer duties:

2. Anticipated number of hours per week and schedule for volunteer work:

3. Expected duration of volunteer work: _____

I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the agency. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirement of the position including regular attendance and adherence to agency policies and procedures. I understand that they will not receive monetary compensation for the services contributed. Upon request, Primrose Center, Inc. will provide a written statement of all volunteer work performed.

Name: _____

Nature of relationship to volunteer: _____

Signature: _____

Date: _____

Primrose Center, Inc.

Agency/Volunteer Agreement

This agreement is intended to indicate the seriousness which with we treat our volunteers. The intent of the agreement is to assure you both of our deep appreciation for your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

I. Agency

We, Primrose Center, Inc. (agency), agree to accept the services of _____
_____ (volunteer) beginning _____, and we

Commit to the following:

1. To provide adequate information, training, and assistance for the volunteer to be able to meet the responsibilities of their position.
2. To ensure the diligent supervisory aid to the volunteer and to provide feedback on their performance.
3. To respect the skills, dignity, and individual needs of the volunteer, and to do our best to adjust to these individual requirements.
4. To be receptive to any comments from the volunteer regarding ways in which we might mutually better accomplish our respective tasks.
5. To treat the volunteer as an equal partner with agency staff, jointly responsible for accomplishment of the agency mission.

II. Volunteer

I, _____, agree to serve as a volunteer and commit to the following:

1. To perform my volunteer duties to the best of my ability.
2. To adhere to agency rules and procedures, including recordkeeping requirements and confidentiality of agency and client information.
3. To meet time and duty commitment, or to provide adequate notice so that alternate arrangements can be made.
4. To act at all times as a member of the team responsible for accomplishing the mission of the agency.

III. Agreed to:

Volunteer: _____ Agency Representative: _____

Date: _____ Date: _____

Primrose Center, Inc.

Permission to Perform Background Check

I hereby allow Primrose Center, Inc. to perform a check of my background, including:

- Criminal record
- Driving record
- Past employment/volunteer history
- Finances
- Educational/professional status
- Personal references
- Physician or therapist

And other persons or sources as appropriate for the volunteer jobs in which I have expressed an interest.

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from consideration for some types of volunteer work.

I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential.

I hereby also extend my permission to those individuals or organizations contracted for the purpose of this background check to give their full and honest evaluation of my suitability of the described volunteer work and such other information as they deem appropriate.

Signed: _____ Date _____