

Volunteer Application Form

Application Date: _____

Personal Information

Last Name: _____ First Name: _____

Address: _____

Date of Birth: _____ What Pronouns do you use (he, she, ze, etc): _____

Phone : _____ Is Discretion Needed (circle)? Y N

Email Address: _____ Add to mailing list (circle)? Y N

For Volunteers:

What do you hope to gain from volunteering at the RAINBOWCC (e.g. fellowship, professional development, community service, meet new friends, etc)?

What makes you a good fit (generally or specifically) for volunteering at RAINBOWCC?

What type of service work are you interested in at the RAINBOWCC?

Please note that most roles require you to be age 18 or older.

- _____ Information & Referral (Office)
- _____ Clerical/Administrative _____ Youth Programs _____ Fundraising/Special Events
- _____ Library/Archives _____ Group Facilitation _____ Board of Directors Membership
- _____ Facilities Maintenance _____ Health/Well-being _____ Board of Advisors Membership
- _____ IT/Computers _____ Senior Programs _____ Committee Membership
- _____ Data Entry _____ Food Pantry
- _____ Web Team _____ Food Pantry Delivery/Pickup (must be willing to drive)

Scheduling

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 10am-1pm							
Afternoon 1-6pm							
Evening 4-7pm							
Groups/Committees 7-9pm							

Comments or Schedule concerns:

For Volunteers Only:

Have you done volunteer work before (circle): Y N

What type of work? _____

What agency? _____

What was your reason for leaving? _____

Occupation: _____ Currently employed (circle)? Y N

Education (circle all that apply):

High School/GED College – Major/Degree: _____

Vocational Training – Field: _____ Extra Training/Armed Forces: _____

Felony Convictions: RAINBOWCC requires that any person who has been convicted of a felony disclose that information prior to volunteering at the center. Have you been convicted of a felon? Y N

If yes, please provide details in a confidential sealed envelope to be directed to the Volunteer Coordinator.

Background Check:

All individuals who would like to volunteer at Rainbow Community Center are required to undergo a background security check and must provide the information requested on the form on page 4.

Mission Statement: The mission of the Rainbow Community Center of Contra Costa County is to foster a sense of community and promote well-being among lesbian, gay, bisexual, transgender, queer, and questioning people and our allies.

Emergency Contact Information:

In case of emergency, whom would you like us to contact?

Name: _____ Relationship: _____

Address: _____ City/State/Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____

Optional Information:

Gender Identity: _____ Sexual Orientation: _____

Ethnicity/Race: _____

Volunteer Agreement Form

If placed as an RAINBOWCC volunteer, I agree to serve the Rainbow Community Center. I agree to receive training and to devote time as necessary to learning the systems, practices, policies, and mission of the RAINBOWCC for a period of time agreed upon with the Volunteer Coordinator.

I agree to the following:

1. To be aware of the proper opening & closing safety procedures of the RAINBOWCC.
2. To maintain the confidentiality of personal contact information of RAINBOWCC members, participants, volunteers, employees, directors, contractors, etc.
3. To maintain the confidentiality of privileged health information (which includes but is not limited to HIV status, mental health status, and participation in services) of RAINBOWCC participants, members, volunteers, staff, and Board of Directors/Advisors.
4. To refrain from using RAINBOWCC contact information for any personal or commercial use.
5. To be knowledgeable and adhere to the RAINBOWCC's Community Agreements and Harassment Policy disallowing physical or verbal threats to any person in any way; disallowing sexually explicit language, obscene gestures, or sexual, religious, or ethnic slurs; disallowing engagement in sexual behavior.
6. To safeguard and improve the RAINBOWCC's real and replaceable property.
7. To act responsibly at all times, respecting RAINBOWCC's visitors, participants, volunteers, staff, and Board of Directors/Advisors.
8. To refrain from using tobacco products, alcohol, illegal drugs & chemicals, contraband, or weapons on RAINBOWCC property or at any RAINBOWCC event unless specifically allowed by RAINBOWCC Administration.
9. To not remove any property, files, computers, or data from RCC premises without receiving prior written approval.
10. To report in writing any violation of this agreement by any other party to the appropriate staff.
11. To refrain from slandering, misrepresenting or falsifying any program, activity, participant, volunteer, staff, Board Director, or Board Advisor.
12. To hold harmless the Rainbow Community Center should I incur any injury while working as a volunteer.

I understand that my performance as a volunteer will be evaluated after a probationary period of 90 days and annually thereafter.

I will follow the policies of the Rainbow Community Center and agree to maintain confidentiality even if I am no longer a volunteer.

I have reviewed and understand all of the policies above, and I state that the information given above is true and accurate to the best of my knowledge, and I understand that purposeful misinformation could lead to immediate dismissal

Signature: _____

Date: _____

Print Name: _____

Consent for Applicant Background Check

(Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process.)

I, _____, hereby authorize the Rainbow Community Center (RainbowCC) to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am volunteering. I understand that RainbowCC may utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of RainbowCC's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for volunteering will not be processed further.

* _____

Applicant's Name – Printed

* Address: _____

* City: _____

* ____/____/____

Applicant's Social Security Number

* State and Zip Code: _____

* ____/____/____

* E-Mail: _____

Applicant's Date of Birth (Month/Day/Year)

I hereby acknowledge that I have read and received this Authorization of my Background Check and the information written is correct and true.

* _____

Signature of Applicant

Date

I wish to receive a copy of the Background check [] YES [] NO

*= Required