

## Volunteer Application Form

Application Date: \_\_\_\_\_

**Please fill out this form and send the completed version to our Volunteer Coordinator at [cristina@rainbowcc.org](mailto:cristina@rainbowcc.org). Contact Cristina if you have any questions.**

### Mission Statement

Rainbow builds community and promotes well-being among Lesbian, Gay, Bisexual, Transgender, Queer, Questioning and Intersex (LGBTQI+) persons and our allies through social opportunities, health & wellness services, and awareness programs.

### Vision

Rainbow envisions a society that embraces acceptance, safety and equality for all, regardless of sexual orientation or gender identity. As Rainbow transcends its vision from inclusive to expansive, we will be able to more effectively represent by centering and reaching a wider scope of People of Color, intersectional, and marginalized LGBTQI+ identities. The below information is optional and will significantly assist Rainbow with our reporting of demographics with current and potential funders and most importantly support our vision.

Please list all pronouns that you use:

Gender Identity:

Ethnicity & Race:

### Contact Information

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Is Discretion Needed?

Email Address: \_\_\_\_\_

Add me to the email list?

1. What do you hope to gain from volunteering at Rainbow (e.g. fellowship, professional development, meet new friends, etc)?

2. What makes you a good fit (generally or specifically) for volunteering at Rainbow?

3. Which of the two, or both, “food pantry delivery” and/or “peer support group facilitator” are you interested in supporting through Rainbow?

Please indicate which areas are of interest to you by adding an X (note that most roles require you to be age 18+)

- |                      |                    |  |
|----------------------|--------------------|--|
| Administrative       | Fundraising        | Peer Support Group (facilitator)               |
| Older Adults Program | Marketing          | Food Pantry Delivery/Pickup (vehicle required) |
| Special Events       | Board of Advisors  |  |
| Youth Program        | Board of Directors |  |

### Availability

Please write in your times available on a regular basis

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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### Experience & Background to Support Placement

Have you done volunteer work before?

Type of work?

What agency/organization?

Currently employed? Occupation?



2380 Salvio Street, Suite 301  
Concord, CA 94520

www.rainbowcc.org  
925-692-0090

Education (X all that apply):

High School/GED:

College – Major/Degree:

Vocational Training –

Extra Training/Armed Forces:

Field:

**Felony Convictions**

Rainbow 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 felony? (Y/N)

If yes, please provide details in a confidential sealed envelope to be mailed attention to the Volunteer Coordinator, Cristina Zaldana, Rainbow Community Center, 2380 Salvio Street, Suite #301, Concord, CA 94520.

**Background Check**

Individuals who would like to volunteer virtually and/or in person with Youth, Food Pantry, and all Adults are required to undergo Department of Justice (DOJ), California Live Scan fingerprinting, background security checks, current Tuberculosis (TB) test and must provide the below information:

ID/Drivers License Number \_\_\_\_\_

State \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Expiration Date \_\_\_\_\_

Gender on ID

**Emergency Contact Information**

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

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_



## Volunteer Agreement Form

If placed as a volunteer, I agree to serve the Rainbow Community Center. I agree to receive orientation, training and to devote time as necessary to learning the systems, practices, policies, and mission of Rainbow 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 Rainbow, when serving in person.
2. To maintain the confidentiality of personal contact information of Rainbow community members, participants, volunteers, employees, directors, contractors, etc.
3. To maintain the confidentiality of privileged health information and introduction to Health Insurance Portability and Accountability Act (HIPAA) you (which includes but is not limited to HIV status, mental health status, gender identity, sexual orientation, and participation in services) of Rainbow participants, members, volunteers, staff, and Board of Directors/Advisors.
4. To refrain from using Rainbow contact information for any personal, commercial, and external to Rainbow use.
5. To be knowledgeable and adhere to the Rainbow Community Agreements and Harassment Policy disallowing emotional, 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 Rainbow's virtual and physical replaceable property.
  
7. To act responsibly at all times, respecting Rainbow's visitors, participants, volunteers, staff, and Board of Directors/Advisors.
8. To refrain from using tobacco products, alcohol, illegal drugs and chemicals, contraband, or weapons on Rainbow property or at any Rainbow event, including virtually.
9. To not remove any property, files, computers, or data from Rainbow's premises or virtual platforms 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.

I will follow the policies of the Rainbow Community Center and agree to maintain confidentiality when 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 Background Check

I, \_\_\_\_\_, hereby authorize the Rainbow Community Center (RCC) to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying or volunteering. I understand that the RCC may utilize an outside firm of firms to assist in checking such information, and I specifically authorize such an investigation by information services and outside entities of the RCC'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/internship will not be processed further.

Legal Name:

\_\_\_\_\_  
Date of Birth (Month/Day/Year):

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Email Address:

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_