



The Upper Valley Haven
713 Hartford Avenue
White River Junction, VT 05001
Volunteer Application

Name

Date of Birth

Phone Number

Home Address

City, State

Zip

Email Address

(Please indicate preferred communication method) _____

Are you able to communicate in a language other than English?

Yes No If yes, which language

Do you have a valid drivers license? Yes No

Do you have regular access to a car? Yes No

Are you currently employed? Yes No

If yes, please give your place of employment and position: _____

Current community activities:

List current and previous volunteer work (list all previous volunteer work including brief description of duties and activities, dates of service.):

What drew you to the Haven as a place to volunteer your time?

How did you learn of our program:

Have you ever been convicted of a crime other than a traffic violation?

Yes No

If yes, what charge? _____

Date convicted: _____ Where _____

High School: 9 10 11 12 College: 1 2 3 4 Graduate: 1 2 3 4

Major: _____

Degree: _____

Name of school: _____

Volunteer Availability (Circle all applicable)

Number of days per week 1 2 3 4 5

Monday Tuesday Wednesday Thursday Friday

Please list two references of people who know you well, preferably for whom you have worked in either a paid or volunteer capacity. If you are currently

working, either paid or as a volunteer, please include the name of your supervisor.

	Name	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____

Applicant Signature

Date

The Upper Valley Haven

Volunteer Confidentiality Agreement

All volunteers are responsible for maintaining and protecting the confidentiality of information as it relates to guests and clients of The Upper Valley Haven. Maintaining confidentiality will enhance trust between the guests and clients of The Upper Valley Haven and respect the guests and clients rights to privacy.

I, _____, as a volunteer of The Upper Valley Haven, do hereby affirm that I will treat all Upper Valley Haven guests, clients, and organizational information as confidential. I will not divulge any information regarding guests either directly or indirectly. I further understand that I convey information concerning guests and clients to my direct supervisor as necessary for the proper provision of service to the guests and clients. All requests for information by professional agencies or to the individuals will be referred to my direct supervisor.

In signing this statement, I fully realize the importance of maintaining confidentiality and that a violation of confidentiality could result in immediate termination as a volunteer. Should such a termination occur, I understand that my obligation to protect the confidentiality of both the guests and organizational information will continue after termination of my relationship with The Upper Valley Haven.

Signature

Date

Print Name