



Volunteer Application

Name: _____ Date: _____

Address: _____ City, State, Zip: _____

Date of birth: _____ Home phone: _____ Cell: _____

Business phone: _____ E-Mail: _____

Employer: _____ May we call you at work? _____

Profession/Job Title: _____

Education (degree earned or school attending, if applicable): _____

How did you hear about Danielle House? _____

Please circle shift choice(s): 9AM-12PM 12PM-3PM 3PM-5PM

Day choice(s): Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Are you available with little notice? Yes _____ No _____ Maybe _____

Skills or talents that may be applicable: _____

Other places you have volunteered and responsibilities there: _____

Two references we may contact (work associates, prior volunteer agencies, or friends):

Name: _____ Phone: _____

Name: _____ Phone: _____

Confidentiality Statement

Volunteers must be able to maintain all information concerning guests and their families in strictest confidence. Although Danielle House is a “Home away from Home”, the volunteer offers no medical advice or counseling.

The Policy is therefore:

- ... I agree that what happens at Danielle House must stay at Danielle House.
- ... I will not discuss specifics of anything involving our guests at Danielle House with anyone.
- ... I agree not to mention names or circumstances of our guests and will never discuss confidential matters involving them in public.
- ... Even if asked, I will not give an opinion of area medical facilities or personnel.
- ... I have read, understand, and will respect the confidentiality of Danielle House.

I understand that it will be impossible to continue as a volunteer if certain situations arise, such as inappropriate interaction with guests, use of tobacco or alcohol while at Danielle House, breaching the confidentiality guidelines, or not maintaining proper behavior expected of a volunteer.

I understand that the right of dismissal rests with the Executive Director, should she feel that I am not representing Danielle House as I should.

Signed: _____ Date: _____

Witness: _____ Date: _____

Office Use Only

Date trained _____ Added to volunteer list _____ Nametag _____ Birthday and Email _____ Contact List _____ DQ _____