



VOLUNTEER APPLICATION

DATE: _____

Kindly complete & return this 2-page form to Danielle House, 160 Riverside Dr. Binghamton NY 13905. Or email a completed electronic version to: Dhouse1@stny.rr.com. Thank you.

First Name: _____ Last Name: _____

Street Address: _____

City, State, Zip: _____ Birthdate: _____

Home phone # _____ Work phone # _____

Cell phone # _____ Email addr: _____

Employer/Business: _____

Job Position Title: _____

Education (degree or current level, if attending) _____

How did you hear about Danielle House?

- Community
- Website
- Newspaper
- Radio
- Donor
- Family
- Friend
- Other

Please circle Days/Shifts that you could be available for volunteering:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
9AM-Noon	9AM-Noon	9AM-Noon	9AM-Noon	9AM-Noon	11AM-1PM	11AM-1PM
Noon-3PM	Noon-3PM	Noon-3PM	Noon-3PM	Noon-3PM	1PM-3PM	1PM-3PM
3PM-6PM	3PM-6PM	3PM-6PM	3PM-6PM	3PM-6PM	-	-
6PM-8PM	6PM-8PM	6PM-8PM	6PM-8PM	6PM-8PM	-	-

What hobbies/skills/ talents might you bring to your volunteer experience here? _____

At what other places have you volunteered? _____

Kindly list two references that we may contact (work associates, friends, prior volunteer sites):

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

OFFICE USE: Director Review Date: _____ Orientation Date: _____
Added to volunteer list _____ Nametag _____ BD _____ Email _____ Contact List _____ DQ _____

VOLUNTEER APPLICATION

DATE: _____

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, opinions, 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.
- I will refrain from sharing pictures or personal info about Danielle House guests on social media or internet.
- 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, alcohol or controlled substances while at Danielle House, breaching the confidentiality guidelines, or failing to maintain 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: Director Review Date: _____ Orientation Date: _____
Added to volunteer list _____ Nametag _____ BD _____ Email _____ Contact List _____ DQ _____