



WAY CENTER
Volunteer Information Sheet

Name (Please Print): _____ Date _____

Date of Birth _____ Parent Name (If applicant is under 18) _____
Month/day/year

Mailing Address _____

City _____ State _____ Zip _____ Phone 1 _____

Street Address (if different from above): _____

City _____ State _____ Zip _____ Phone 2 _____

E- Mail Address: _____

Church Affiliation (if any): _____

Age Range [] Youth [] 18-24 [] 25-45 [] 46-62 [] 63+

Service Category (please check one)

___ Volunteer ___ Required Community Service ___ Comm. Service for School Credit

Circle Days and Times Available to Serve:

Monday: Morning Afternoon **Thursday:** Morning Afternoon

Tuesday: Morning Afternoon **Friday:** Morning Afternoon

Wednesday: Morning Afternoon **Saturday:** Morning Afternoon

Other times: _____

Have you ever been involved with WAY CENTER? If yes, explain _____

What is your motivation or interest in being a volunteer? _____

List abilities, talents or special skills you have to offer: _____

Please describe any physical limitations or special medical conditions: _____

If you are being required to do community service hours, what agency assigned the hours, how many hours you must perform, and what was the nature of your offense?

Opportunities to Serve

Please check all areas of service that interest you

- Receptionist**
Receptionists work half-day shifts, usually one morning or afternoon per week. Tasks include receiving guests & clients, answering the phone, assisting applicants, and data entry. Keep track of mail outs and thank you letters.
- Light Housekeeping**
Provide basic cleaning tasks for women recovering from illness, injury, or Surgery.
- Records and Reports (monthly & quarterly)**
Tasks include record keeping and/or computer data entry. Reports are kept on Client services, volunteer hours,
- Emergency Pantry**
Organize food, blankets, household items, hygiene products, clothing, and other Donated items
- WAY 2 Shoppe**
Sort & price donated items, ironing, restock/display merchandise, assist customers, clean, organize, run register.
- Furniture/ Donation Pick-ups and Deliveries**
Pick up furniture that has been donated to center, or deliver to families that have no way of transporting large items.
- General Maintenance**
Assisting with building and equipment maintenance, clean outside windows
Monthly.....
- Transportation** Local Only Out of Town
Provide transportation to the store, special appointments, work, or shelter.
- Program Mentor**
Serve as a mentor/support person. May include deliveries of food or household items, follow-up calls, home visits, etc....
- Home Repair Projects**
Minor home repairs for single women or elderly.
List Skills:

- Holiday Assistance**
Prepare and/or deliver food baskets and gifts, assist with food and gift drive.
- House Mom or Substitute House Mom**
Supervise clients in Way Home

- [] **Focus Group Leader/ Work shop trainer**
Start/ Lead a focus/support group dealing with specific issues such as Money management, employability skills (resume prep.), healthy relationships (family, marriage, and parenting), Recovery (addiction, rape, child abuse...)
List interest:

- [] **Skills Training/ WE-CAN Program (work experience career & networking)**
Computer skills, Office equipment, Interview & Job Search Skills, Tutoring.

- [] **Board Member/ Grant writing/ Fundraising/ Community Awareness**
List experience/interest:

- [] **Garage Sale Volunteer/ Quarterly** (cash box, organizing, set up, & break down)

- [] **Resource Library (organize and maintain)**

- [] **Computer Tech help & software trouble shooting** (Outlook, Access, Excel, Word, Quick book)

- [] **Other**

How did you hear about the WAY Center?

OFFICE USE ONLY - Interview Notes/Comments:

VOLUNTEER AND COMMUNITY SERVICE POLICY AND PROCEDURES

It is necessary for all volunteers and community service workers to sign in and out to receive credit hours.

Sign in the Log in the red book located at the front register.

DRESS CODE

- Wear casual/professional apparel, dependent upon daily duties.
- Shorts are to be at finger-tip length when arms are down at your side.
- Dresses are not recommended.
- No strapless, spaghetti strapped or midriff tops.
- Wear closed-toe shoes, no flip-flops
- Any expressive piercings and / or tattoos should be covered or removed if possible.

**REMEMBER THIS IS A WORK PLACE, PLEASE DRESS MODESTLY.*

BREAKS/LUNCH

- Workers may take two 15 minute break or a ½ hour lunch break.
- You must sign in/out if you want to take breaks/lunch, this includes smoke breaks.**

SMOKERS

- All smoking is restricted to the parking lot. Please be considerate-do not discard cigarette butts on the ground.

CELL PHONES AND PERSONAL ITEMS

- All purses and personal items will be locked-up at front register for safe keeping.
- Workers may keep cell phones with them.
- Workers may only use cell phone for emergencies or during break times.

STORE ITEMS

- Workers may purchase items that are priced and on the Shoppe floor **after** their work day is completed.
- All items must be priced by Shoppe Manager, Admin Assistant or Executive Director.
- Items may only be held until the end of each day, all items must be returned to Shoppe floor if not purchased.

WORK

- Check with front register or office to schedule your work hours.
- Workers are expected to work steadily. If you finish your assignment and your supervisor is busy, please choose a miscellaneous task from the Shoppe assistant duties list located on the refrigerator, until you are directed otherwise.
- Ask for assistance when heavy lifting or the use of a ladder is required. (Please, ask for help)

**INAPPROPRIATE LANGUAGE AND/OR GESTURES WILL NOT BE TOLERATED.*

**REMOVAL OF ANY UNPAID SHOPPE ITEMS WILL NOT BE TOLERATED.*

REPEATED VIOLATIONS MAY LEAD TO DISMISSAL OF VOLUNTEER OR COMMUNITY SERVICE WORKER FROM THE PREMISES. *

1st Offense – Verbal warning

2nd Offense – Written warning, signed by worker and supervisor

3rd Offense – Grounds for dismissal

**CERTAIN VIOLATIONS MAY LEAD TO IMMEDIATE DISMISSAL & REMOVAL FROM PROPERTY.*

I read and understand the Volunteer and Community Service Policy and Procedures.

Workers Name & Date

Admin - Witness Name & Date

THE WOMEN AND YOUTH CENTER, INC.

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

This is a Release and Waiver of Liability (the "Release") executed on this date, _____ by _____ (the "Volunteer"), and, if applicable, in conjunction with _____, (if applicable) the parent having legal custody or legal guardianship of the volunteer, in favor of The Women And Youth Center, Inc., a Florida nonprofit corporation, and it's directors, officers, employees, and agents (collectively known as "The WAY Center").

The Volunteer desires to work as a volunteer for The WAY Center and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include working in the office, The Way 2 Shoppe, and working at special events or fundraisers.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the terms below:

1. Release and Waiver

Volunteer does hereby release and forever discharge and hold harmless The WAY Center, Inc., and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with The WAY Center.

Volunteer understands that this Release discharges The WAY Center from any liability or claim that the Volunteer may have against The WAY Center with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with The WAY Center, whether caused by the negligence of The WAY Center or its officers, directors, employees, or agents or otherwise.

Volunteer also understands that The WAY Center does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. Medical Treatment

Volunteer does hereby release and forever discharge The WAY Center from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment, or service rendered in connection with the Volunteer's Activities with The WAY Center, or with the decision by any representative or agent of The WAY Center to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in the Parental Authorization for Treatment of a Minor Child.

3. Insurance

The Volunteer understands that The WAY Center does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

4. Other.

As the volunteer I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.

By signing below, the Volunteer and, if applicable, the parent/guardian, has read, understood, and executed this Release as of the date first above written.

Volunteer: (signature) _____

Parent/Guardian of Minor (if applicable): _____
(signature)

Complete Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Contact person in case of emergency:
_____ Phone: _____

Important: Each volunteer must sign the "Release and Waiver Liability" to volunteer. Please read this waiver very carefully before you sign.

Witnesses:

Print Name: _____

Signature: _____

Print Name: _____

Signature: _____



Women and Youth Center

20 North 6th Street, Haines City FL 33844
P.O. Box 4364, Haines City, FL 33845
Phone: (863) 422-2309 Fax: (863) 422-6624
Email: waycenter@verizon.net

A faith based 501(c)3 Non-Profit Organization

Confidentiality Statement

All staff, volunteers, community service workers, and group participants are required to read and sign this confidentiality statement before attending any support groups or working in or around administrative office and/ or WAY 2 Shoppe.

As a _____ of The Women And Youth Center, I understand that any information that is learned or otherwise acquired about clients/other support group attendees of The Women And Youth Center is to be kept completely confidential. This not only includes specific information and using clients' names, but also sharing information that may implicate an individual.

By signing below I agree to keep confident the matters stated above.

Print Name

_____ Date _____

Signature

Witnesses:

Print name

_____ Date _____

Signature

Print name

_____ Date _____

Signature



Picture Release Form

I _____ give my permission to The WAY Center to Use my picture(s) and/or story for solicitation of funds and other support purposes.

I also give my permission to The WAY Center to use pictures of my child/children _____ for solicitation of funds and other support purposes.

Signed: _____

Date: _____

Witness: _____

Date: _____