



WAY CENTER
Volunteer Information Sheet

Name (Print): _____ **Date:** _____

Date of Birth: _____ **Current Age:** _____
Month/Day/Year

Bilingual? _____ **Primary language:** _____ **2nd Language:** _____

Parent or Guardian Name (If applicant is under 18): _____

Parent or Guardian Contact Number: _____

Church Affiliation (if any): _____

Contact Information

E-Mail: _____ **Primary Phone:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Street Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Emergency Contact Name: _____ **EC Phone:** _____

Information Regarding Skills and Service

Circle Days and Times Available to Serve:

Sunday	Morning	Afternoon	Wednesday	Morning	Afternoon
Monday	Morning	Afternoon	Thursday	Morning	Afternoon
Tuesday	Morning	Afternoon	Friday:	Morning	Afternoon

Number of hours available per week? _____

Comments regarding availability: _____

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

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

Current Employer & Responsibilities: _____

Please describe any physical limitations or special medical conditions: _____

Have you ever been involved with the WAY Center? _____

If yes, please explain: _____

How did you hear about the WAY Center? _____

Applicant Signature

Witness Signature

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 may include receiving guests & clients, answering the phone, assisting applicants, data entry, and keeping 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, etc.

Emergency & Food Pantries

Organize food, blankets, household items, hygiene products, clothing, and other donations

WAY 2 Shoppe

Sort & price donations, iron fabric & clothing items, restock/ display merchandise, assist customers, clean, organize, run register.

Furniture/ Donation Pick-ups and Deliveries

Pick up furniture that has been donated to the 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, etc.

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....

Holiday Assistance

Assist with food and gift drive, prepare and/ or deliver food baskets and gifts during the holiday season.

House Mom or Substitute House Mom

Supervise clients in the WAY Home.

Garage Sale Volunteer

Cash box, organization, set-up & tear-down.

Resource Library

Organization and maintenance.

[] **Home Repair Projects/Carpentry Work/General Maint.**

Minor home repairs for single women, elderly, Way Center or Way Home.

List Skills:

[] **Jobs for Life Volunteer**

With this 12 week Class, students learn about God's gift of work, complete a vocational plan, prepare for job interviews, create a professional resume and gain a community of love and support. Volunteers can assist with leading, teaching, mentoring, and/ or creating a business partnership.

List experience/ interest:

[] **Focus Group Leader/ Workshop Trainer**

Start/ Lead a focus/ support group dealing with specific issues such as money management, employability skills (resume prep.), healthy relationships (family, marriage, parenting), recovery (addiction, rape, child abuse...)

List experience/ interest:

[] **Skills Training/ Way 2 Work Program (work experience career & networking)**

Computer skills, office equipment, interview & job search skills, tutoring.

List Skills:

[] **Board Member/ Grant writing/ Fundraising/ Community Awareness**

List experience/ interest:

[] **Computer Tech help & software trouble shooting**

List Skills:

[] **Other** _____

Volunteer Policy and Procedures

It is necessary for all volunteers and community service workers to sign in and out. Use the clipboard in the office or the notebook located at the front register for this purpose.

DRESS CODE

- Wear casual/professional apparel, appropriate for duties assigned for the day.
- 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

- Community Service Workers may take a 15 minute break "on the clock" if staying on campus.
- All workers should sign out if taking more than a 15 minute break or leaving campus for any reason, including smoke breaks.

SMOKERS

- The WAY Center is a smoke-free campus for all workers. No smoking is permitted on WAY Center property. This does not pertain to customers or visitors.

CELL PHONES AND PERSONAL ITEMS

- All purses and personal items will be locked-up at front register or a secure location for safe keeping.
- Community Service Workers may keep cell phones with them for **emergencies only**, or to use during break times.

Volunteers are asked to keep personal use of phones to a minimum while signed in.

STORE ITEMS

- Workers may purchase items that are priced and on the Shoppe floor **after** their work day is completed.
- In order for the volunteer discount to be received, items must have been on the shoppe floor for at least 24 hours at regular price.
- All new/incoming merchandise must be properly priced according to our standard pricing method. Only an approved WAY Center **Staff** member should price the merchandise you want to purchase. CS workers and volunteers may not price things for themselves or for another worker/ volunteer.
- Items may only be held until the end of each day. Any item not paid for at the end of the day will be returned to Shoppe floor. There will be no "holding" items until the next day or "stuffing" aside for your own purpose, if this becomes a problem you will not be allowed to continue service.

GARBAGE

- Only workers/ volunteers who have been preapproved by the Shoppe Manager or Administration may take out garbage.

WORK/ SIGN IN & SIGN OUT

- Check with front register or office to schedule your volunteer hours.
- Volunteers 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 at 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**

***Agreement**

I have read the above policies and procedures, and agree to abide by them while serving with The Way Center.

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 its 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 of the application.

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: _____



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Email: waycenter@verizon.net

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

Confidentiality Statement

All volunteers are required to read and sign this confidentiality statement before attending any support groups, working in or around administrative office and/ or in the 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: _____