

New Beginnings

ENDING DOMESTIC VIOLENCE

Thank you for your interest in volunteering with New Beginnings!
 Please complete and submit the following Volunteer Application to the *Community Engagement Coordinator*.

Group or Organization Name: _____

Organization Mailing Address: _____

Lead Contact First Name: _____ Last Name: _____

Lead Contact Email: _____

Lead Contact Phone: _____

How many group members will be volunteering? _____

Does any of your group members' employers match volunteer hours with donations (ex: Microsoft, Starbucks, etc.)? ___ Yes ___ No

How did you learn about us?

- Google Search Referred by: _____
 United Way Volunteermatch School program: _____
 Event: _____ Social Media: _____ Other (website/source): _____

How did you come to select New Beginnings for your service project?

Please check your areas of interest by ranking your order of preference from 1-3, with 1 being your first choice:

Painting/restoring/cleaning/beautifying	
Special events at a program site (such as helping to put on celebrations for participants and/or children)	
Special events for development (assisting at fundraising events)	
Landscaping/gardening/planting/weeding	

Please write in the time-frame you would like to volunteer:

Times	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Volunteer Release Statement:

As a condition of my participation in the New Beginnings Volunteer Program, and on behalf of the members of my group, I hereby release New Beginnings and its agents, associates, and related parties from all responsibility for personal injuries to me and damages to my property sustained in the performance of my volunteer activity. I acknowledge and agree that my volunteer position can be terminated with or without cause. I authorize New Beginnings to photograph me and my group (unless otherwise stated by group members on day-of project) during our group volunteer shift. I'm aware that I'm covered by Liability & Insurance and must report an injury within 48 hours of an incident.

Signature: _____ Date: _____

New Beginnings Group Lead Agreement:

As the Group Lead, I agree to the following responsibilities:

- ✓ I will provide the Community Engagement Coordinator with the names and email address of all group members two days prior to volunteer project
- ✓ I will communicate the confidentiality contract (below) with each group member and ensure all members understand New Beginnings' strict confidentiality policies
- ✓ I agree to safely share the New Beginnings address and phone number with my group members, determined on a pre-arranged plan with the New Beginnings' point-person

Signature: _____ Date: _____

New Beginnings Confidentiality Policy:

- ✓ I agree not to reveal any information regarding the location of the programs to anyone at any time. I understand that doing so would jeopardize the safety of participants, staff and other volunteers.
- ✓ I agree when off-site, not to reveal information that I hear, see or read while at a New Beginnings site. This includes personal information about staff, names of participants, details of situations, or who is accessing services from New Beginnings.
- ✓ I will not bring unauthorized visitors to any New Beginnings site.
- ✓ If I receive a ride from a friend/family member to a New Beginnings site, I will ask to be dropped off at least three blocks away to protect the location of the program.

Email this completed form to: epankow@newbegin.org

THANK YOU!