



Empowerment for *Life* . . . through Innovation and Education

2119 E. Madison Avenue
El Cajon, CA 92019-1111
PHONE: 619-442-5129

ST. MADELEINE SOPHIE'S CENTER (SMSC) IS AN EQUAL OPPORTUNITY EMPLOYER
We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status. Information provided on this application will not be used for any discriminatory purpose.

St. Madeleine Sophie's Center REQUIRES the following to be completed after volunteer offer is made and before beginning work with SMSC:

- **Physical, tuberculosis screening and drug/alcohol screening.** The employer at its sole expense provides this examination. Every offer is contingent upon a volunteer's successful completion of these examinations.
- **Criminal record clearance (Fingerprinting).** Conviction will not necessarily disqualify an applicant from volunteering. However, failure to disclose any conviction will disqualify an applicant.
- **Driving Record.** The employer at its sole expense to provide payment for this record.
- **Proof of citizenship or immigration status.**
- **If you are under 18 years of age, you must provide consent from a legal guardian.**
- **Acknowledgement of receipt of SMSC Volunteer Handbook.**

First Name: _____

Last Name: _____

Date: _____

Primary Phone Number: ____ (_____) _____

E-Mail: _____

Full Name: _____

Are you 18 years or older? Yes No D.O.B. _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Alternate Phone Number: (Home / Mobile) _____

Have you ever volunteered with us before? Yes No

If yes, Year?: _____ Department?: _____

How did you hear about us? _____

Driving Information

Driver's License #: _____ State: _____

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Voluntary Application Data

Educational Background: _____

Current Occupation: _____

Hobbies, Interests, Skills: _____

Shirt Size: XS SM M L XL 2XL

References: We require and check references for the safety and well-being for our clients, paid staff, and volunteers. Please list at least two people who would be willing to serve as references for you.

Please provide at least one business/professional reference and one personal reference.

1. Name: _____ Relationship: _____

Phone: _____ E-Mail: _____ Years Known: _____

2. Name: _____ Relationship: _____

Phone: _____ E-Mail: _____ Years Known: _____

Optional. Name: _____ Relationship: _____

Phone: _____ E-Mail: _____ Years Known: _____

Previous Volunteer Experience. Please list your previous volunteer experiences, including any committee and/or board of director experiences. *Previous experience not required to participate in the Volunteer Engagement Program.*

| | |
|---|-----------------------------------|
| Dates: | Position: |
| Organization: | May we contact this organization: |
| | Contact Number: _____ |
| Brief description of duties: _____ _____ | |
| Date: | Duration: |
| Positon: | May we contact this organization: |
| | Contact Number: _____ |
| Brief description of duties: _____ _____ | |
| Date: | Duration: |
| Positon: | May we contact this organization: |
| | Contact Number: _____ |
| Brief description of duties: _____ _____ | |

Why are you interested in volunteering at St. Madeleine Sophie's Center?

St. Madeleine Sophie's Center is committed to working with adults with developmental disabilities, to educate and empower them to realize their full potential. How could you contribute to this mission?

Volunteer Availability. Place an **X** in all available time-slots.

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday* | Sunday* |
|-----------|--------|---------|-----------|----------|--------|-----------|---------|
| Morning | | | | | | | |
| Afternoon | | | | | | | |

**Please note SMSC's is a day program that operates during normal business hours Monday-Friday. Although program hours do not run Saturday-Sunday, SMSC participates in and hosts events on weekends throughout the year.*

How frequently are you interested in volunteering? *Example: Twice a week for two hours.*

Volunteer Commitment. Please check the time commitment you are currently interested in.

- Short-Term (3-6 months)
- Medium-Term (6-12 months)
- Long-Term (1+ years)

Any additional comments you would like us to know (optional):

Please check the types of departments and activities that might interest you.

- Sophie's Garden (planting, weeding, selling, aquaponics, teaching, etc.)
- Sophie's Art Gallery (assisting with painting, fused glass, jewelry making, etc.)
Sophie's Art Gallery is located off-campus in Downtown El Cajon.
- Aquatics (referee for swim meets, teaching, etc.)
- Kitchen (food preparation, food handling, cooking, cleaning, etc.)
- Lunch Buddy (accompany students during lunch, encourage healthy and safe habits)
- Education Programs (lead discussion groups, developing educational materials, etc.)
- Maintenance (building, office, grounds, etc.)
- Administration (filing, answering phones, data entry, grant writing, reception, etc.)
- Transportation (transporting students to and from the Center)
Volunteers in the transportation department may be required to have special licensing and on the job training as a program volunteer interacting with students prior to serving as a driver,
- Other:

- I am interested in being an Event Volunteer (set up, break down, serving, decorations, guest relations, etc. for events that occur periodically throughout the year)

CONSENT FORM FOR MINORS

Date: _____

Children under the age of 18 must have parent/legal guardian consent to volunteer at St. Madeleine Sophie's Center.

We appreciate your child's interest in volunteering with St. Madeleine Sophie's Center. It is our policy that a Consent Waiver of Liability Form be signed by a parent/guardian of volunteers under the age of 18. Please acknowledge your consent and agreement to the following by signing below.

Volunteers under 18 who are not accompanied by a parent or legal guardian are required to bring a signed waiver to the Volunteer Coordinator prior to attending the volunteer training and/or volunteer activity. Without it, the minor will not be able to attend the group training or volunteer activity until the waiver has been submitted.

Volunteers under the age of 16 will be allowed to volunteer without parental supervision on a case by case basis after an initial interview. It is up to the discretion of the Volunteer Engagement Coordinator and the Department Program Manager to determine if the minor is an eligible candidate.

I understand that my minor child, _____, is volunteering at St. Madeleine Sophie's Center, a nonprofit charitable organization in El Cajon, CA. I attest that I am over 18 years of age and that I have legal authority to execute this agreement on his/her behalf. I attest that my child or ward is prepared to volunteer and able to commit to the volunteer job description. I grant full permission ("Releases") for St. Madeleine Sophie's Center and volunteers, to use photographs, videos, and audio of my child or ward, and quotations from my child in accounts, promotions, and publications of his/her volunteer work. I hereby waive my right in publicity in connection with such uses. In connection with my child or ward's voluntary involvement in activities for St. Madeleine Sophie's Center, I hereby agree, for me and my child or ward, our heirs, assigns, executors, and administrators to release and discharge St. Madeleine Sophie's Center from any and all claims, demands, and actions for injuries sustained by my child or ward and/or damages to or destruction, loss or theft of my property of my child or ward and to the property of others as a result of my child or wards involvement in such activities whether or not resulting from my child or ward's negligence of any other individuals, or from accidents without negligence, or from the actions of other individuals. And I agree to release and hold St. Madeleine Sophie's Center harmless from any cause or actions, claim, or suit arising from. I attest that my child or ward's attendance and involvement is fully voluntary, that I am allowing my child or ward to participate as his or her own risk, and that I have read the foregoing terms and conditions of this document. By signing below, I am agreeing to all stipulations as stated above.

Minor's Name

Minor's Birthdate

Minor's Age

Parent/Legal Guardian's Name

Parent/Legal Guardian's Signature

(Please read carefully, initial after each paragraph, and sign below)

I hereby authorize St. Madeleine Sophie's Center and/or its agents to thoroughly investigate my references, work record, education, and other matters related to my suitability for volunteer work and further authorize the references I have listed to disclose to the organization any and all letter, reports, and other information related to my work and/or school records, without given prior notice of such disclosure. In addition I hereby release the organization, my former claims, demands, or liabilities arising out of, or in any way related to, such investigation or disclosure.

Initial: _____

I understand that nothing contained in the application or conveyed during any interview is intended to create an employment relationship of any kind between the organization and me, nor will it positively impact the likelihood of future employment with the organization. In addition I understand and agree that if I am selected as a volunteer, my volunteer work is for no definite or determinable period and may be terminated at any time, with or without prior notice at the option of either myself or the organization, and no promises of representations contrary to the foregoing are binding on the organization unless made in writing and signed by the Chief Executive Officer.

Initial: _____

Should a search of public records (including record documenting an arrest indictment, conviction, civil judicial action, or outstanding judgment) be conducted (internally or through use of a third party investigator), I am entitled to copies of any such public records obtained. I choose to waive this right unless I mark the check box below. If I am not chosen as a volunteer as a result of such information, I am entitled to a copy of any such records even though I have not checked the box below.

| |
|---|
| <input type="checkbox"/> I wish to request a copy of any public record described in the paragraph above. |
|---|

Initial: _____

Volunteer Signature

Date

- A. No Employment Relationship: Volunteer, in performance of services under this Agreement, is acting as a volunteer, and will not be considered an employee of SMSC for any purpose. It is not the parties' intent, and nothing herein shall be construed, to create between Volunteer and SMSC the relationship of employer/employee, partners, or joint ventures. Volunteer is engaged in an independent business, separate and apart from SMSC, and as such has the right to control the manner, method, and means by which Volunteer's work is performed. Corporation shall not have the right to, nor shall SMSC in fact control the manner, method, or means by which Volunteer provides services. SMSC only has the right to control Volunteer as the identification of duties and results desired.
- B. No Employment Benefits: Volunteer understands and agrees that Volunteer is not entitled to receive any of SMSC's employee benefits. SMSC is not responsible for payment of workers' compensation, disability or other similar benefits, unemployment or other insurance, or for withholding income or other similar taxes or Social Security tax for Consultant; such responsibility shall be solely that of Volunteer.

Confidentiality. Volunteer/Independent Consultant is subject to the following confidentiality provisions:

- A. Confidential Information: During the Term, and after termination of this Agreement for any reason, Volunteer agrees to keep confidential, not to disclose to any third party, and (except for the exclusive benefit of SMSC in performing Volunteer's duties) not to use any Confidential Information. Volunteer agrees that all Confidential Information is and shall remain the exclusive property of SMSC or assignee of SMSC. For purposes of this Agreement, "Confidential Information" includes: (i) trade secrets and other confidential and proprietary information of SMSC and its affiliates; SMSC's earnings and other financial information; SMSC's marketing methods and related data; and compensation paid to employees and other terms of agreements, (ii) any written information marked "confidential", and/or (iii) all information identified by SMSC to be confidential when disclosed, or identified as confidential before that Confidential Information has been disclosed, to Volunteer.
- B. Return of Materials: Promptly upon the termination of this Agreement for any reason, and in any event within five days after request by SMSC, Volunteers shall return to SMSC all Confidential Information and copies thereof, and all memoranda, notes, and other material prepared by the Volunteer based upon Confidential Information.

Entire Agreement: This Agreement sets forth the entire agreement and understanding of the parties relating to SMSC retention of Volunteer and merges all prior contemporaneous discussion and agreement between them. This Agreement may not be modified except in writing and signed by both parties. Both parties represent and acknowledge that they have read and understood this Agreement, and that they have executed this Agreement voluntarily and without duress.

Agreed to by the following:

Volunteer Name: _____ Date: _____

Signature: _____