



<p><b>For Office Use Only</b></p> <input type="checkbox"/> Contact Info in Raisers Edge <input type="checkbox"/> Signed Confidentiality Agreement <input type="checkbox"/> Received Orientation or Training <b>Notes:</b> _____ _____ _____
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## Episcopal Community Services (ECS) Volunteer Application

<b>Contact Information:</b>			
Name: _____		_____	
First Name		Last Name	
Address: _____			
Street Address	City	State	Zip Code
Phone: _____		Email: _____	
Birth Date: _____		How did you hear about ECS: _____	

<p>Are you currently employed? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If yes, name of company &amp; position: _____</p> <p>_____</p> <p>Are you currently in school? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If yes, name of school &amp; major: _____</p> <p>_____</p> <p>Are you volunteering as part of an organization? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If yes, name of organization: _____</p> <p>_____</p> <p>Have you ever volunteered before? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If yes, please describe your past volunteer positions:</p> <p>_____</p> <p>_____</p> <p>Do you have special skills or personal interests that might be helpful to your placement as a volunteer?</p> <p>_____</p> <p>_____</p>
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### Volunteer Positions:

<p><b><u>3 - 6 Month Minimum Volunteer Commitment:</u></b></p> <input type="checkbox"/> Adult Education Tutor (Mon - Thu: 1:00 - 3:00 pm) <input type="checkbox"/> Shelter Librarian (2 - 3 hour shift per week) <input type="checkbox"/> Group Teacher (Music, Art, Photography, Writing, etc.) <input type="checkbox"/> Human Resources Assistant <input type="checkbox"/> Youth/Teen Mentor (Mon - Thu: 4:00 - 6:00 pm) <input type="checkbox"/> Computer Lab Instructor <input type="checkbox"/> Food Pantry Assistance <input type="checkbox"/> Resume writing assistant/Interview Coach	<p><b><u>Short Term or One Time Volunteer Opportunities:</u></b></p> <input type="checkbox"/> Senior Center Lunch Volunteer (10:45 am -12:30 pm, Mon-Fri) <input type="checkbox"/> Data Entry/Office Admin volunteer <input type="checkbox"/> Special Event Volunteer <input type="checkbox"/> Shelter Gardener (Wednesday's 2:00 - 4:00 pm) <input type="checkbox"/> Grants & Fund Development Researcher Shelter Meal Service: (can be a group opportunity) <input type="checkbox"/> Breakfast Shift: 7:15 - 8:45 am <input type="checkbox"/> Dinner Shift A: 4:45 - 6:15 pm <input type="checkbox"/> Dinner Shift B: 6:15 - 7:45 pm
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<b>Availability:</b> <input type="checkbox"/> Monday (Hours: _____) <input type="checkbox"/> Tuesday (Hours: _____) <input type="checkbox"/> Wednesday (Hours: _____) <input type="checkbox"/> Thursday (Hours: _____) <input type="checkbox"/> Friday (Hours: _____) <input type="checkbox"/> Saturday (Hours: _____) <input type="checkbox"/> Sunday (Hours: _____)	<b>Commitment:</b> <input type="checkbox"/> One Time <input type="checkbox"/> 1 - 3 months <input type="checkbox"/> 3 - 6 months <input type="checkbox"/> 6 months - 1 year <input type="checkbox"/> 1 year or longer
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Are you volunteering as part of a community service requirement? **Yes**  **No**  If yes, number of hours: \_\_\_\_\_  
Deadline Date: \_\_\_\_\_ Name of school, class or court program: \_\_\_\_\_

Are you a current or former client of Episcopal Community Services? **Yes**  **No**

As an ongoing volunteer for Episcopal Community Services, you will be asked to comply with a Code of Confidentiality, and may be asked to undergo Finger Imaging or TB testing depending upon the nature of the volunteer position. Are you comfortable with these requirements? **Yes**  **No**

**Only answer the following question if you are 18 years or older:**

Have you been **charged** with or **convicted** of a felony in the last seven (7) years? **Yes**  **No**

If you answered **yes** to the above question, please list the offense(s), any conviction or outcome and the date of the felony charge:  
**(Please note: A violation will not necessarily exclude you from volunteering at ECS.)** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_  
Name Contact Phone Number Relationship to you

**Disclosure of the following information is voluntary, but recommended:**

Do you have any special needs that affect your mobility, communication, or ability to perform certain tasks? **Yes**  **No**

Do you have any medical conditions or allergies that we need to be aware of in case of an emergency? **Yes**  **No**

Do you carry any medications for any of the above conditions that we should be aware of? **Yes**  **No**

If you answered "yes" to any of the preceding questions, please describe: \_\_\_\_\_

ECS relies on the statements in this application to appropriately place volunteers in positions for the benefit of our clients. Inaccurate or incomplete information may adversely affect the quality of service we are able to deliver with the generous assistance of our volunteers. By signing and submitting this application, you acknowledge that the facts stated are true and correct, and that any false statements, omissions or other misrepresentations may result in your reassignment to another volunteer position or dismissal from the volunteer program. I have read, signed, and understand the Volunteer Guidelines, Confidentiality Agreement, Agency Manual and Photo/Video/Interview Release Terms.

Volunteer Name (Printed) \_\_\_\_\_ Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for taking the time to complete this application!**

Please return your completed application to:  
Episcopal Community Services, Attn: Frank Phillips  
165 8<sup>th</sup> Street, 3<sup>rd</sup> Floor, San Francisco, CA 94103  
fax: (415) 252-1743 or email: [fphillips@ecs-sf.org](mailto:fphillips@ecs-sf.org)