



# Shelter Ministries Inc dba SonShine Ministries Community Service Volunteer Application

Rev 1/23/2021

Please print neatly

Date

Name	Are you related to a member of the staff of SMI and Who? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address	City, State	Zip
Home Phone	Birthday	County
Cell Phone	Work Phone	
Email Address	Employer	
Emergency Contact & Relationship	Emergency Contact Phone Number	

Are you a court ordered volunteer?	Hours needed	Complete by date
------------------------------------	--------------	------------------

County or Jurisdiction	Contact Name & Phone Number
------------------------	-----------------------------

Are you volunteering for school credit?	School	Complete by date
---	--------	------------------

Year/Grade	Hours needed	Contact Name & Phone Number
------------	--------------	-----------------------------

Which area(s) would you like to work in? (Please <input checked="" type="checkbox"/> all that apply)			<input type="checkbox"/> Maintenance	<input type="checkbox"/> Outdoor/Yardwork	<input type="checkbox"/> Food Pantry
<input type="checkbox"/> Thrift Shop	<input type="checkbox"/> Christmas Bureau	<input type="checkbox"/> Sorting Donations	<input type="checkbox"/> Special Events	<input type="checkbox"/> Office/Clerical	<input type="checkbox"/> Other

Days and Times available:		<input type="checkbox"/> Various Special Event Times	<input type="checkbox"/> Evenings & Weekends
<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> 10:00—12:00 <input type="checkbox"/> 12:00—2:00 or _____ to _____
<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> 2:00—4:00	<input type="checkbox"/> 4:00—7:00 or _____ to _____

Please list any additional items, health issues, or medications we should know about.
---

Signature of Volunteer	Printed Name	Date
Signature of Parent or Guardian (if under 18)	Printed Name	Date

## OPTIONAL INFORMATION

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer to not answer	Marital Status:	Profession:	Skills and Talents:
---	-----------------	-------------	---------------------

**Shelter Ministries Inc dba SonShine Ministries Volunteer Policies & Procedures**  
(Please refer to your manual for further information)

**By signing at the end of this form, I verify that I have read the policies and information below. I understand these policies, and agree that I will comply with them.**

**Injury Procedures:** In the event of an accident, report the injury to your immediate Lead volunteer and Staff personal.

**Drug Free Workplace Policy:** SonShine Ministries Inc prohibits the manufacture, possession, sale or use of any controlled substance while on SonShine Ministries premises, while working or when representing SonShine Ministries Inc, unless prescribed by a personal physician. Any volunteer who is under the influence of drugs or alcohol will be sent home.

**Anti-Theft Policy:** SonShine Ministries Inc has a zero tolerance for theft. If a volunteer is found stealing, they will be dismissed immediately. *Theft is consuming or possessing our inventory that is meant for those in need.* If a volunteer qualifies for food, clothing, financial assistance or the Christmas Bureau, they **MUST** complete the required paperwork, and follow the same procedures and rules that apply to *all* SonShine Ministries clients. Failure to do so can result in immediate dismissal.

**Anti-Violence Statement:** SonShine Ministries Inc does not tolerate any disrespectfulness, intimidation, threats or violent acts. This includes, but is not limited to, threatening or hostile behaviors, physical abuse, vandalism, arson, or sabotage. This is a Christian based ministry, and anyone being disrespectful to a client, staff or volunteer will be dismissed immediately.

**Smoking Policy:** Persons 18 and older may smoke on the SonShine Ministries property at least 15 feet from the building and doors and must dispose of the refuse in a safe container. Persons under 18 may not smoke on the property, and may not leave the property to smoke without their parent or guardian.

**Confidentiality:** Volunteers are required to keep ALL information they acquire at SonShine Ministries confidential. This includes, but is not limited to, all client information, and the personal information of volunteers and staff.

**No Employee Benefits:** SonShine Ministries volunteers are not considered employees for any purpose, and no type of workman's compensation, healthcare, or employee benefits shall be provided—including inventory.

**At-Will Relationship:** A volunteer's status may be terminated at any time by the volunteer, or by SonShine Ministries Inc for any reason with or without cause.

**Training:** Certain volunteer activities require special training and volunteers are not to undertake such activities without being properly trained. Follow the directions of your Lead volunteer or Supervisor. Lead volunteers and Supervisors are assigned to each ministry area.

**Auto Insurance:** Volunteers are not to operate personal vehicles for volunteer activities unless they have the minimum amount of liability insurance required by law.

**Assumption of Risk:** Some SonShine Ministries Inc volunteer activities are potentially hazardous. A volunteer assumes all risks of working in an environment that includes, but is not limited to, lifting heavy boxes, climbing ladders, standing on cement, climbing stairs, or other potential dangers.

**Release from Liability:** Volunteers release SonShine Ministries Inc and its agents, representatives, trustees, officers, employees and volunteers from any liability arising out of any damage, loss or injury to the volunteer or his/her property incurred as the result of volunteer activities. The volunteer's estate shall hold harmless SonShine Ministries Inc and its agents, representatives, trustees, officers, employees and volunteers from any claims or actions by relatives or legal representatives based on death or injury from volunteer activities.

**ACCEPTANCE OF VOLUNTEER POSITION (Parent or Guardian must sign if volunteer is under 18 yrs of age)**

Signature of Volunteer	Printed Name	Date
Signature of Parent or Guardian of the Volunteer	Printed Name	Date