



Volunteer Application

Name: _____ Pronouns (ex. She/he/they): _____

Current Address: _____

Phone: _____ Do You Receive Text Messages? Yes No

Email Address: _____

Are you Employed? Yes No Retired

Employer/Occupation: _____

Are you a Student? Yes No If Yes: School _____

Major: _____ Current Year/Grad Year: _____

Volunteer position(s) that you are interested in:

___ Children's Program ___ Hotline Advocate ___ Shelter Advocate

___ Hospital Advocate ___ Outreach Advocate ___ Front Desk (1-3p)

___ Special Projects ___ Data Entry/Clerical ___ TRIAAGE/MedZou (for Med Students only)

1. How did you learn about the volunteer program at True North?

2. Why do you want to volunteer at True North?

3. Do you speak languages other than English? _____

4. Do you have a reliable means of transportation? Yes No

5. Do you have other skills that you would like to share?

6. (optional) Have you or anyone you know had a personal experience with domestic violence, dating violence and/or sexual assault?

References

Name: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

Name: _____ **Relationship:** _____

Phone Number: _____ **Email:** _____

Emergency Contact: _____ **Relationship:** _____

Phone Number(s): _____

Fee:

\$30 fee for volunteers (background check, administrative & material costs)

\$15 for True North Service Learning Student

Payments can be sent in by mail or turned in on the 1st day of training by check, cash or money order or online at www.truenorthofcolumbia.org/volunteer

Photography Consent Agreement

At True North we like to celebrate the work and achievement of our volunteers. As a result, pictures of you may appear on our website, publications or social media unless you circle "do not grant permission" below:

I, _____ (print name) hereby (circle one)
grant permission or do not grant permission

to True North of Columbia to take and use photographs, video and/or digital images of me for use in printed publications or materials, electronic publications, website or social media.

Signed: _____ **Date:** _____

Volunteer Agreement

As an individual who will be volunteering at True North, the following is a statement concerning the required training and confidentiality of information contained in and about this organization that you might learn during your volunteer time. We require that all information you might learn be treated confidentially.

Each volunteer must complete **48 hours** of training prior to working with participants of any True North program. Hours may be earned by completing formal group training sessions (in-person), online sessions, homework, shadowing/observation and on the job training.

The location of True North and the identity of any participants in our programs are confidential and may not be shared with anyone outside the True North program. A breach of confidentiality is against the law and a serious violation of trust and ethical responsibility. It may jeopardize the safety of residents, non-resident participants, staff and volunteers, and thus may be a cause for immediate termination of your status as a volunteer with any True North program.

I understand that my acceptance as a volunteer with True North is subject to a favorable, routine inquiry of local law enforcement records. I authorize True North to complete a Criminal Background Check. I do attest that the information that I have supplied is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal from True North's volunteer services.

Signature: _____ **Date:** _____

Printed Name: _____

Applications and/or Fees can be mailed to:

Volunteer Coordinator
True North of Columbia
PO Box 1367
Columbia, MO 65205
OR e-mailed to JMcNear@truenorthofcolumbia.org