



VOLUNTEER APPLICATION

Name _____ Age _____ Date of Birth _____

Home Address _____ City _____

State _____ Zip _____ E-Mail Address _____

Home Phone _____ Cell Phone _____

***Please indicate which program you are volunteering through**

- | | |
|----------------------------|-----------------------------|
| • ALLIANCE WORKNET _____ | • TRANSITIONS _____ |
| • UNITED WAY _____ | • HIGH SCHOOL STUDENT _____ |
| • COMMUNITY OUTREACH _____ | • JOB CORPS _____ |
| • WALK-IN _____ | • OTHER _____ |

Have you ever volunteered for Society for Disabilities? _____

Do you have any relative working at the Society? Y/N If yes, who _____

Is this part of required hours for community service? (Circle) Yes or No

If so, how many hours are you required to complete? _____

Special training, skills, hobbies, etc.: _____

Please list available days & times:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:

***Please check the box with the duty you are interested in assisting with**

- | | | | | |
|-----------------------------------|-----------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Cashier | <input type="checkbox"/> Sorter | <input type="checkbox"/> Display Prep | <input type="checkbox"/> Maintenance | <input type="checkbox"/> Donation Pick-Up |
| <input type="checkbox"/> Clean-Up | <input type="checkbox"/> Programs | <input type="checkbox"/> Events | <input type="checkbox"/> Clerical | <input type="checkbox"/> Loan Closet/Tech |

***If you are available to pick up donations:**

*** You must have your own vehicle, a valid driver's license and insurance**

Driver's License # _____ expiration date _____

Automobile insurance Company: _____

Volunteer Signature _____ Date _____



**Consent for Use of Likeness and/or
Written or Verbal Statement**

I, _____, give my permission to Society for Disabilities Children & Adults (from hereby referred to as the Society), its agents, employees, affiliates, successors and assignees (collectively "the Society") to use my name, likeness, image, voice, appearance as such may be embodied in any pictures, photos, video recordings, audiotapes, digital images, and the like and/or any of my written or verbal statements taken in any manner or made on behalf of the Society (collectively, "Materials").

I agree that The Society has complete ownership of such Materials, including the entire copyright, and may use them for any purpose consistent with the the Society's mission or business purposes, including illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet. I waive all my rights to inspect and approve the finished product, its use, or such written copy as may be used in connection therewith. I understand that the producers are not obligated to use any of the Materials.

I acknowledge that I will not receive any compensation or other benefits for the Society's use of such Materials and hereby release the Society and its agents and assigns from any and all claims which arise out of or are in any way connected with such use.

I agree that I will not hold the Society or anyone who receives permission from the Society responsible for any liability resulting from the use of the Materials, including personal injury, property damage, and/or federal or state privacy laws.

I agree that this consent and release is not restricted by time or geographic limitation. I further agree that this consent and release is binding upon the undersigned heirs, successors, licensees, agents and assigns, and shall be governed by the laws of the State of California.

I have read and understood this consent and release and grant or deny my consent as indicated below.

I give my consent to The Society to use my Materials as set forth above.

Signature

Date

Parent / Legal Guardian (if under age 18)

Date

I do not give my consent to the Society to use my Materials as set forth above, forfeiting my participation with this program or event.

Signature

Date

Parent / Legal Guardian (if under age 18)

Date



VOLUNTEER WAIVER & RELEASE OF LIABILITY

In consideration of being allowed to volunteer in any way in Society for Disabilities in the thrift store, programs, special events, related events, and activities, I and/or the minor volunteer, for myself, and on behalf of my heirs, assigns, personal representatives and next of kin, the undersigned:

- 1 Agree that prior to volunteering, I will inspect, or if a parent and/or legal guardian I will instruct the minor participant to inspect, the facilities and equipment to be used, and if I believe, to the best of my ability, that anything is unsafe, I and/or the minor volunteer will immediately advise Society for Disabilities Children and Adults of such condition(s) and refuse to participate.
- 2 Acknowledge and fully understand that I and/or the minor volunteer may be engaging in activities that may involve risk of injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions or negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
- 3 Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
- 4 Release, waive, discharge and covenant not to sue Society for Disabilities Children and Adults, its affiliated clubs, their representative administrators, directors, agents, coaches, other employees, and volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, their heirs, and if applicable, owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT I/WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, HAVE NOT CHANGED IT ORALLY, AND SIGN IT VOLUNTARILY.

Volunteer Name (PLEASE PRINT CLEARLY) Volunteer Signature (18 and over)

_____ Date _____

FOR VOLUNTEERS UNDER THE AGE OF 18 This is to certify that I, as parent/guardian with legal responsibility for this volunteer, do consent and agree to his/her release as provided above of the Releasees, and, for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releasees from any and all liabilities incident to my minor child's involvement or participation in the thrift store, programs and special events as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Parent Name & Signature (Print clearly)

_____ Date _____



REFERENCE CHECK AUTHORIZATION FORM

References: Please list three people who know you well and can attest to your character, skill and dependability:

Name: _____
Relationship: _____
Address: _____ City: _____ Zip: _____
Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Name: _____ Relationship: _____

Address: _____ City: _____ Zip: _____

Phone: _____

Please read the following carefully before signing this application:

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with the Society for Disabilities that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Society for Disabilities. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Society for Disabilities or my termination as a volunteer.

Signature: _____ Date: _____



Nondiscrimination Policy

Society for Disabilities (the Society) is a 501(c) (3) nonprofit organization. The Society is committed to providing an environment and programs that are free from discrimination because of race, color, religion, creed, national origin, ancestry, disability, gender, sexual orientation, or age. The Executive Director has issued the following policy stating the Society's views in this matter:

- We will strictly follow program procedures that will ensure equal opportunity for all people without regard to race, color, religion, creed, national origin, gender, sexual orientation, age, ancestry, marital status, disability, veteran or draft status.
- Thoroughly investigate instances of alleged discrimination and take corrective action if warranted.
- Be continually alert to identify and correct any practices by individuals that are at variance with the intent of the Nondiscrimination Policy.
- Make reasonable accommodations wherever necessary for all employees or applicants with disabilities, provided the individual is otherwise qualified to safely perform the duties & assignments connected with the job & provided any accommodations made do not require significant difficulty or expense.
- Achieve understanding & acceptance of the Society's policy on Equal Employment Opportunity by all staff & volunteers and by the communities in which the organization operates.

Zero Tolerance to Sexual Harassment in the Workplace

- Unwanted jokes, gestures, offensive words on clothing, and unwelcome comments and repartee.
- Touching and any other bodily contact such as scratching or patting a coworker's back, grabbing an employee around the waist, or interfering with an employee's ability to move.
- Repeated requests for dates that are turned down or unwanted flirting.
- Transmitting or posting emails, texts, or pictures of a sexual or other harassment-related nature.
- Displaying sexually suggestive objects, pictures, or posters.
- Playing sexually suggestive music.
- Quid pro quo...anything of sexual nature suggested in exchange of "You do something for me and I'll do something for you".
 - "I'll get you fired if you don't have sex with me, or go on a date with me, or touch me, etc."
 - A job benefit of any kind that is linked to unwelcome sexual advances.
- Treating one sex differently than the other.
- Any sexual advance or sexually derogatory comments making an employee uncomfortable.
- There shall be no retaliation against any employee reporting a case of Sexual Harassment.



Business Attire Policy: Business Casual &/or Casual Dress

Society for Disabilities expects employees (and those through various work programs) to dress appropriately in Business Casual attire.

Because not all casual clothing is suitable for the office, these guidelines will help you determine what is appropriate to wear to work. Clothing that works well for the beach, yard work, dance clubs, exercise sessions, and sports contests may not be appropriate for a professional appearance at work.

Clothing that reveals too much cleavage, your back, your chest, your feet, your stomach or your underwear is not appropriate for a place of business, even in a business casual setting.

Even in a business casual work environment, clothing should be pressed and never wrinkled. Torn, dirty, or frayed clothing is unacceptable. All seams must be finished. Any clothing that has words, terms, or pictures that may be offensive to other employees is unacceptable. Clothing that has the company logo is encouraged. Sports team, university, and fashion brand names on clothing are generally acceptable.

Certain days can be declared dress down days, generally Fridays. On these days, jeans and other more casual clothing, although never clothing potentially offensive to others, are allowed.

Guide to Business Casual Dressing for Work: This is a general overview of appropriate business casual attire. Items that are not appropriate for the office are listed, too. Neither list is all-inclusive and both are open to change. The lists tell you what is generally acceptable as business casual attire and what is generally not acceptable as business casual attire.

No dress code can cover all contingencies so employees must exert a certain amount of judgment in their choice of clothing to wear to work. If you experience uncertainty about acceptable, professional business casual attire for work, please ask your supervisor.

Slacks, Pants, and Suit Pants: Slacks that are similar to Dockers and other makers of cotton or synthetic material pants, wool pants, flannel pants, dressy capris, and nice looking dress synthetic pants are acceptable. Inappropriate slacks or pants include jeans, sweatpants, exercise pants, short shorts, bib overalls, and any spandex or other form-fitting pants such as people wear for biking. Leggings are acceptable providing the derriere is fully covered by your top or blouse. *(Mid-thigh shorts may be acceptable during the summer, especially in the warehouse or loan closet shop. Check with your supervisor to confirm.)*

Skirts, Dresses, and Skirted Suits: Casual dresses and skirts, and skirts that are split at or below the knee are acceptable. Dress and skirt length should be at a length at which you can sit comfortably in public. Short, tight skirts that ride halfway up the thigh are inappropriate for work. Mini-skirts, skorts, sun dresses, beach dresses, and spaghetti-strap dresses *(unless accompanied with a cardigan, lacy shirt, blouse or jacket)* are inappropriate for the office.

Shirts, Tops, Blouses, and Jackets: Casual shirts, dress shirts, sweaters, tops, golf-type shirts, and turtlenecks are acceptable attire for work. Most suit jackets or sport jackets are also acceptable attire for the office, if they violate none of the listed guidelines. Inappropriate attire for work includes tops or dresses with straps less than an inch *(unless accompanied with a cardigan, lacy shirt, blouse or jacket)*, midriff tops, shirts with potentially offensive words, terms, logos, pictures, cartoons, or slogans; halter-tops; off the shoulders tops (one or both shoulders); sweatshirts, and t-shirts unless worn under another blouse, shirt, jacket, or dress.

Shoes and Footwear: Conservative athletic or walking shoes, loafers, clogs, sneakers, boots, flats, dress heels, and leather deck-type shoes, dressy sandals & heeled flip flops are acceptable for work. Wearing no stockings is acceptable in warm weather. Beach style flip-flops are not acceptable. *Closed toe and closed heel shoes are required in the warehouse/loan closet shop area.*



Business Attire Policy: Business Casual &/or Casual Dress continued

Jewelry, Makeup, Cologne, Tattoos: Jewelry & makeup should be in good taste, with limited visible body piercing and tattoos. Large tattoos should be covered and the request for removal of some facial piercing may occur. Remember, that some employees are allergic to the chemicals in perfumes and make-up, so wear these substances with restraint.

Hats and Head Covering: Hats are not appropriate in the office. Head Covers that are required for religious purposes or to honor cultural tradition are allowed.

Conclusion: If clothing fails to meet these standards, as determined by the supervisor, Executive Director or any Society staff, the employee will be asked not to wear the inappropriate item to work again &/or may be sent home to change clothes and will receive a [verbal warning](#) for the first offense. All other policies about personal time use will apply. Progressive disciplinary action will be applied if dress code violations continue.

Social Media & Phone Policy

- Facebook, Twitter, MySpace & any other social media site posts are not to be made by any employee or worker during scheduled hours, with the following exceptions:
 - Certain staff positions are authorized to post on the behalf of the organization, on our company accounts &/or their personal accounts.
 - You are asked to make a post, specifically by the Executive Director or your supervisor.
- Cell phone (including texting) use is prohibited during work schedules with the following exceptions:
 - You are on your break or lunch, away from your work area.
 - You have an urgent family situation which needs immediate attention (be sure to advise your direct supervisor).
 - You are asked to make a call by the Executive Director or your immediate supervisor.
 - Certain staff positions require text &/or cell phone communications with clients, donors, volunteers, & other partners.

I have read and received a copy of these documents & understand I may be dismissed for not complying with these policies.

Print Name _____ Date _____

Signature _____



Volunteer Background Check Authorization Form

I, _____ (applicant name) hereby authorize Society for Disabilities Children & Adults of Stanislaus County to obtain information pertaining to any charges and/or convictions I may have had for violation of municipal, county, state or federal laws. This information will include, but not be limited to, allegations regarding and convictions for crimes committed upon minors and will be gathered from any law enforcement agency of this state or any state or federal government, or from third-party providers of information originally obtained from law enforcement or court records.

I understand that I will be given an opportunity to challenge the accuracy or any information received that appears to implicate me in criminal activities. To facilitate this challenge, I will be told the nature of the information and the agency from which it was obtained. It will be my responsibility to contact that agency. I further understand that until the Society for Disabilities Children & Adults of Stanislaus County receives notification from that agency clearing me, my application will be deferred.

As an applicant for a staff/volunteer position, I hereby attest to the truthfulness of the representations I have made. Except as I have disclosed, I have not been found guilty of, or entered a plea of nolo contendere or guilty to any offense. Further, other than for the offenses I have disclosed, **I have not had a finding of delinquency or entered a plea of nolo contendere or guilty to a petition of delinquency under the juvenile laws of this state or any other state.**

I understand that I must be truthful and, if any statement I have made is found to be false, I will be denied the position for which I am making application or, if already accepted, terminated from my position.

(Signature of Applicant)

(Date)

Full Name of the Applicant _____
(Please print carefully, including middle name)

DOB: _____ Sex: _____ Race: _____

Address _____

City, State, Zip Code _____

email address _____

Soc. Sec. No. _____
Required!