



The Jonnycake Center of Westerly Volunteer Application

Contact the Volunteer Office at 401-377-8069 or volunteer@jonnycake.org

Today's Date: _____

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Alternate Phone: _____

Email Address: _____

Emergency Contact: _____ Phone: _____

Why are you interested in volunteering at the Jonnycake Center? _____

In which area(s) would you be interested in volunteering? Please circle.

Thrift Store (Clothes/Merchandise Sorting, Arranging/ Stocking Store) Office Food Pantry

Special Skills or Interests? Do you need any Special Accommodations? _____

Availability during Store Hours

Store Hours: Monday, Tuesday, Wednesday, Saturday 9:00 to 4:00 Thursday 9:00 to 6:30 Sunday 10 to 4 Please note what days/hours you are able to volunteer: We require a minimum of two hours.

Are you required to complete community service? Circle one: YES NO If yes, required hours: _____

Deadline required for completion: _____

Type of Community Service: Circle one: Academic Church Court Ordered

[Type text]

COURT ORDERED COMMUNITY SERVICE:

If volunteering is court ordered please explain the offense: _____

Have you ever been convicted of a Felony: Yes No Misdemeanor Yes No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), when and where such offense(s) was/were committed _____

Certain offenses may disqualify you to complete your community service requirement at the Jonnycake Center and must be approved in advance. Volunteering for court ordered community service is more structured than the regular volunteer program and typically involves cleaning and maintenance tasks.

CONFIDENTIALITY AND DISCLOSURE STATEMENT

The undersigned agrees to prevent unauthorized use or dissemination of any confidential information reported to The Jonnycake Center of Westerly. Confidential information is defined as written or oral information disclosed to staff/volunteers specifically related to the population served (clients, donors, or other collaborative agencies). Violation of confidentiality laws may result in termination of volunteer relationships and/or other penalties including legal actions.

Print Name _____

Signature _____ Date _____

CRIMINAL RECORD CHECK CONSENT

I authorize the release of any personal criminal information or data from the Westerly Police Department or from the State of Rhode Island/Connecticut with regard to myself. This record may be released to the Jonnycake Center of Westerly only for determination of suitability for a volunteer position and capacity.

Print Name _____

Signature _____ Date _____

<p><i>Office Use Only</i></p> <p><input type="checkbox"/> Reviewed <input type="checkbox"/> Completed background check <input type="checkbox"/> Contacted <input type="checkbox"/> Completed Orientation <input type="checkbox"/> Placed</p> <p>Work Area _____ Days/Hours _____</p> <p>Notes _____ _____</p>
