



## The Jonnycake Center of Westerly Volunteer Application

Contact the Volunteer Office at 401-377-8069 or [volunteer@jonnycake.org](mailto: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>
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