



Office Use Only
BC___ EM___
Covid___ Email___
DB___

## Jonnycake Center of Westerly Volunteer Application

Contact the Volunteer Office at 401-377-8069 x 114 or volunteer@jonnycake.org

Today's Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial \_\_\_\_\_ 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? \_\_\_\_\_

How did you hear about volunteering at the Jonnycake Center? Please circle.

Word of mouth Facebook Referral Newspaper Email Other: \_\_\_\_\_

Any special skills or interests? \_\_\_\_\_

Do you have any medical conditions we need to be aware of? YES NO If yes, please explain \_\_\_\_\_

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

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

Availability during Store Hours

Store Hours: Monday, Tuesday, Wednesday, Saturday 9:00 - 4:00, Thursday 9:00 - 6:30, Sunday 10 - 2 PM

Please note the days/hours you are able to volunteer: We request 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: Academic (school name) \_\_\_\_\_ Church(church name) \_\_\_\_\_ Court Ordered

**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>[ ] Reviewed [ ] Completed background check [ ] Contacted [ ] Completed Orientation [ ] Placed</p> <p>Work Area _____ Days/Hours _____</p>
---

## **RELEASE AND WAIVER OF LIABILITY**

***PLEASE READ CAREFULLY: THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!***

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "**VOLUNTEER**") in favor of the Jonnycake Center of Westerly, a non-profit corporation, and its directors, officers, employees, and agents.

The **VOLUNTEER** desires to work as a **VOLUNTEER** for the Jonnycake Center of Westerly and engage in the Activities related to being a **VOLUNTEER** in the Thrift Store, Food Pantry, or other special activities or events (Activities). The **VOLUNTEER** understands that the Activities may include lifting/carrying/moving furniture and other donated items, loading/unloading delivery vehicles in the Thrift Store and Food Pantry, stocking shelves in the Thrift Store and Food Pantry, and working in the sorting rooms and office spaces.

The **VOLUNTEER** hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **RELEASE AND WAIVER.** **VOLUNTEER** does hereby release and forever discharge and hold harmless the Jonnycake Center of Westerly and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity that arise or may hereafter arise from said **VOLUNTEER** Activities with the Jonnycake Center of Westerly.

**VOLUNTEER** UNDERSTANDS THAT THIS RELEASE DISCHARGES THE JONNYCAKE CENTER OF WESTERLY FROM ANY LIABILITY OR CLAIM THAT THE **VOLUNTEER** MAY HAVE AGAINST THE JONNYCAKE CENTER OF WESTERLY WITH RESPECT TO ANY BODILY INJURY, PERSONAL INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM SAID **VOLUNTEER'S** ACTIVITIES IN THE JONNYCAKE CENTER OF WESTERLY, WHETHER CAUSED BY THE NEGLIGENCE OF THE JONNYCAKE CENTER OF WESTERLY OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. **VOLUNTEER** ALSO UNDERSTANDS THAT THE JONNYCAKE CENTER OF WESTERLY DOES NOT ASSUME ANY RESPONSIBILITY FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING, BUT NOT LIMITED TO, MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

2. **MEDICAL TREATMENT.** **VOLUNTEER** does hereby release and forever discharge the Jonnycake Center of Westerly from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the said **VOLUNTEER'S** Activities with the Jonnycake Center of Westerly.

3. **ASSUMPTION OF THE RISK.** The **VOLUNTEER** understands that the Activities may involve work that may be hazardous to the **VOLUNTEER**, including, but not limited to, lifting/carrying/moving furniture and other donated items, loading/unloading delivery vehicles in the Thrift Store and Food Pantry, stocking shelves in the Thrift Store and Food Pantry, working in the sorting rooms and office spaces, and transportation to and from the work sites. **VOLUNTEER** hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases the Jonnycake Center of Westerly from all liability for injury, illness, death, or property damage resulting from the Activities.

4. **INSURANCE.** The **VOLUNTEER** understands that, except as otherwise agreed to by the Jonnycake Center of Westerly in writing, the Jonnycake Center of Westerly does not carry or maintain health, medical, or disability insurance coverage for any **VOLUNTEER**. Each **VOLUNTEER** is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. **PHOTOGRAPHIC RELEASE.** **VOLUNTEER** does hereby grant and convey unto the Jonnycake Center of Westerly all rights, title, and interest in any and all photographic images and video and/or audio recordings made by the Jonnycake Center of Westerly during the said **VOLUNTEER'S** Activities with the Jonnycake Center of Westerly including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **OTHER.** **VOLUNTEER** expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Rhode Island, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Rhode Island. **VOLUNTEER** also agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

In witness whereof, **VOLUNTEER** has executed this Release as of the day and year written above.

**Volunteer Signature** \_\_\_\_\_ **Witness** \_\_\_\_\_

*If under 18 years of age, parent or guardian must sign:*

**Parent/Guardian Signature:** \_\_\_\_\_

**Parent/Guardian Print Name:** \_\_\_\_\_



From: Heather Vultee, Store Manager

To: Employees and Volunteers:

According to Personnel Policy 403, "For their own protection and the reputation of the Jonnycake Center, employees or volunteers leaving the Center after their shift, must offer their bag(s) to a Supervisor for inspection. "

At this time, it is my expectation that both employees and volunteers adhere to this policy. In an effort to better protect the reputation of the organization, we are going to actively implement bag checking. Handbags should not be kept in active store or triage spaces. There should be no bags behind the register, in the clothing room, or in triage. There are lockers next to the classroom, in the back office in which you may store your bags. Six lockers have locks provided for daily use and are available on a first come first serve basis. You may bring your own lock if you choose. Using lockers protects our employees and volunteers from any accidental appropriation of their belongings as well as protects the Center from the appearance of employees and volunteers having the opportunity for the unprofessional acquisition of goods.

Before leaving the building at any time (for breaks, for lunch, at the end of day, etc.), employees and volunteers MUST provide their open bags for inspection to Heather, Sue, Sue, Kathy or Gretchen. If you prefer not to open your bag, please choose to bring only small necessary items (keys, license, etc.) and keep them on your person.

Please sign that you have received and understand this memo.

-----

I, \_\_\_\_\_, have received and read the memo regarding bag checks.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



A Non-Profit Charitable Organization  
P.O. Box 273 – 23 Industrial Drive  
Westerly, Rhode Island 02891  
p (401) 377-8069  
f (401) 377-8395  
www.jonnycake.org

## **COMMUNITY SERVICE VOLUNTEER GUIDELINES**

You have elected to perform your community service volunteer hours at the Jonnycake Center of Westerly. In order to successfully complete your required hours at the Center, you will have to adhere to the following guidelines:

1. The Jonnycake Center of Westerly is a place of business and you are here to work and support its mission. You are expected to complete duties in a professional and thorough manner.
2. You must sign in and out on the appropriate log, ensure date, time-in and time-out are accurate and completed. **This sign-in sheet is the official record and you will not be given credit for your hours if the log is not completed properly!** Upon completion of hours you will be provided a letter verifying how many hours you volunteered. Please give the volunteer coordinator notice when you are close to finishing hours so a letter can be prepared.
3. Duties/work assignments:
  - a. As a community service volunteer you will most likely be responsible to clean the various areas throughout the Jonnycake Center of Westerly. A list of these duties is on the reverse side. After an orientation you will be expected to perform the tasks independently, with minimal supervision. If you are working in the thrift store you will report to the thrift store manager for your assignments.
  - b. If you are working in the pantry you will report to the pantry manager.
  - c. Name tags, located by the sign-in sheet, must be worn at all times.
4. In most areas of the Jonnycake Center you will be in contact with the general public who are shopping in the store or obtaining services through the social services office. As such you must always maintain a professional demeanor. This means no use of cell phones, texting, or having on headphones and no foul language.
5. You are not authorized to shop in the Thrift Store during your shift. You can only purchase items that are on the sales floor before or after your shift and all purchases must be approved by the store manager.

**Failure to comply with these guidelines will result in your dismissal.**

Printed name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Info & Emergency Contacts - Please Print

Volunteer Name \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Address \_\_\_\_\_

\_\_\_\_\_

Volunteer Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Volunteer Email \_\_\_\_\_

### Emergency Contacts

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

### Medical Information, In Case of Emergency

Do you have any medical conditions we should be aware of?      YES      NO

If yes, please describe \_\_\_\_\_

\_\_\_\_\_

If any of this information changes, for your well-being and safety, please keep us informed.

Thank you.

## Volunteer Agreement addendum – COVID Policies, Sept. 2020

1. Based on guidance from the Center for Disease Control (CDC), bandanna/neck gaiter-style face coverings have been determined to be least effective in reducing the spread of COVID-19. As a result, to protect the health and wellness of all associated with the Center, the Jonnycake Center of Westerly has instituted a policy that all staff and volunteers must wear a face covering that is secured behind the ears or tied at the back of the head. These coverings include surgical and cloth masks, but not thin cotton or synthetic-style coverings. At a minimum, cloth coverings will be single layered, with multi-layered coverings preferable. If you are in need of a mask that meets these criteria, please email Kristin Ells Admin/HR Assistant [kells@jonnycake.org](mailto:kells@jonnycake.org) or your manager prior to coming. **Are you able to abide by this policy?**  Yes  No

2. To protect the health and wellness of all associated with the Center, the Jonnycake Center of Westerly has instituted a policy that if you are showing ANY symptoms related to the COVID-19 pandemic, especially but not limited to, fever (100 degrees or higher), severe tiredness, difficulty in breathing, coughing (and you cannot explain these symptoms by known allergies or non-infectious illnesses) you CANNOT enter the building for the safety of all concerned. You must remain out of work for 14 days AFTER the cessation/end of symptoms and symptoms must be reported to Kristin Ells, Admin//HR Assistant, immediately. **Are you able to abide by this policy?**  Yes  No

3. To protect the health and wellness of all associated with the Center, the Jonnycake Center of Westerly has instituted a policy that if you are travelling to, or having visitors from, a state with a higher than 5% COVID-19 positivity rate, this must be disclosed to your manager and Kristin Ells, Admin/HR Assistant. Detailed information regarding state by state positivity rates can be found at the following link: <https://coronavirus.jhu.edu/testing/testing-positivity>. From there, a decision will be made whether you as a volunteer need to take steps to quarantine for a period of time away from the Center, on a case-by-case basis. **Are you able to abide by this policy?**  Yes  No

4. **Can you take your temperature daily before your shift? Or are you comfortable with the Center taking your temperature upon your arrival?**  Yes  No