Office Use Only 

BC\_\_\_ EM\_\_\_

Email\_\_\_ DB\_\_\_

Vol Type\_\_\_\_

**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? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 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, Friday, Saturday 9:00 - 4:00, Thursday 9:00 - 6:00. Please note the days/hours you are able to volunteer: We request a minimum of two hours.

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23 Industrial Drive Westerly, RI 02891 401.377.8069 www.jonnycake.org

***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.

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*A Non-Profit Charitable 501(c)(3) Organization*

23 Industrial Drive Westerly, RI 02891 401.377.8069 www.jonnycake.org

**JONNYCAKE CENTER OF WESTERLY**

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**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.

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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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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

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

Rev: Feb. 2020

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***VOLUNTEER GUIDELINES***

**All volunteers at the Jonnycake Center of Westerly must adhere to the following guidelines:**

1. The Jonnycake Center of Westerly is a place of business, and you are here to work and to support its mission. Volunteers are expected to complete duties in a professional and thorough manner. In most areas of the Jonnycake Center volunteers may be in contact with the general public who are shopping in the store or obtaining services through the social services office. As such, volunteers must always maintain a professional demeanor. This means no use of cell phones (including texting), no headphone use, and no foul language.

2. The Jonnycake Center of Westerly is a busy work environment. Please come dressed in comfortable clothing and closed toe shoes. Please note that clothing should be appropriate for bending and lifting and may get dirty during your shift. Clothing with rude language/images or political statements is not allowed.

3.Volunteers must sign in and out on the appropriate log, and ensure the date, time-in, and time-out are accurate and complete. **This sign-in sheet is an official record** and is not only used to provide service hours to schools and courts, but **also serves as a list of people in the building in case of emergency.** Students and court-ordered volunteers will not be given credit for hours if the log is not completed properly**!** Upon completion of required hours, academic and court ordered community service volunteers will be provided a letter verifying the number of hours served**. The Volunteer Office requires TWO BUSINESS DAYS notice to process letters for school or court. Last-minute requests cannot be accommodated.**

4. Duties/work assignments:

**a.** Volunteers will most likely work in our thrift store. Volunteers may be asked to sort donations, tag items, help receive donations, place items on the floor for sale, or to clean the various areas throughout the Jonnycake Center of Westerly. After an orientation volunteers will be expected to perform the tasks independently, with minimal supervision. Volunteers working in the thrift store will report to the thrift store manager for assignments.

**b.** Volunteers working in the pantry will report to the pantry manager.

**c.** Name tags, located by the sign-in sheet, must be worn at all times.

5. **Handbags should not be kept in active store or donation processing spaces**. No personal bags are allowed in the clothing room, or in donation processing areas. A limited number of lockers and locks are available for daily use on a first come first serve basis. Volunteers may bring personal locks for use during their shift (locks must be removed at the end of each shift). Using lockers protects our employees and volunteers from any accidental appropriation of their belongings as

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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 be willing to provide their open bags for inspection to a store manager or supervisor. Volunteers who prefer not to open their bags, may elect to bring only small necessary items (keys, license, etc.) and keep them on their person.

6. Shopping in the thrift store is allowed before or after your shift. All purchases must be rung-up at the register by a store manager or supervisor. **Volunteers must leave with purchases through the front door of the thrift store.**

7. Volunteers must follow posted guidelines regarding masking. Masking guidelines are subject to change based on current community risk levels. Any volunteer who tests positive for COVID-19, or is a close contact, must get approval from a manager before returning to volunteer work at the Jonnycake Center of Westerly.

**Failure to comply with these guidelines may result in dismissal.**

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

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If under 18, parent or guardian must sign.**

Parent/guardian printed name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/guardian signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_

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**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 or allergies 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.

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