



FAM Volunteer Application

Vol. Orientation Date _____

Mission Statement: FAM assists those in need in Orange County with resources for food, shelter and personalized, supportive case management, helping clients bridge the gap from dependency to self-sufficiency.

Core Values: FAM operates with integrity and good will as a faith-based, not for profit, charitable organization, translating concern for the need into action to help, and providing service without prejudice.

Last Name: _____ First Name: _____

Address: _____ Nickname: _____

City: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

E-Mail Address: _____ Date of Birth: _____

Organization (If Applicable) _____ Employer _____

Emergency Contact: Name _____ Phone # _____

Time Availability

Weekdays: Mornings (9am - 12pm) Mid-Day (12pm – 3pm) Afternoons (3pm – 6pm)

Weekends: Saturday Mornings (8am-10am) Special Events

Personal Background

These questions are intended as a guide to describe your life experiences relative to volunteering at FAM. Please provide any information that you would like us to know.

1. How did you hear about FAM? Are you or have you been a FAM client?

2. What motivated you to volunteer? Is this a required volunteer service?

3. Describe any volunteer work you have done.

4. Please briefly describe your work history, special skills, interest and talents.

5. Please describe any physical limitations that may require accommodation.

REV 10/19

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Family Assistance Ministries Volunteer Opportunities

Please review the various opportunities listed below.

Check all that apply to positions you are interested in or have experience with in the past. You are welcome to complete this section following orientation or take home and return in a timely manner.

Food Pantry/Warehouse

- Distribute food to clients
- Unload trucks and stock freezers and refrigerators
- Receive donations and stock non-perishable storage areas
- Assemble non-perishable bags for distribution
- Assemble toiletry bags for distribution
- Repackage diapers for distribution
- Maintain and clean food pantry and warehouse

Front Office

- Answer phones and transfer incoming calls
- Greet and check-in clients
- Accept donations and administer donation receipts
- Administrative tasks for staff as needed
- Light office cleaning

Drivers

- Drive to specific stores for pick up in FAM trucks (no special license required)
- Lift food and boxes in and out of the truck
- Must be able to consistently lift up to 50 lbs.
- Unloading trucks (potentially at Military Base – Camp Pendleton)

Clothing Boutique

- Assist clients in picking out clothing
- Sort donations and stock boutique

FAM Resale Shop

- Conduct sales
- Assist shop customers
- Sort, stock, and price donations

Gilchrist House/ FAMily House (Requires Background Check)

- Teach a special skills class
- Babysit children of participants (must have experience with children of trauma)
- Tutoring, homework, and crafts with school aged children

Friendly Visitors (Requires Background Check)

- Visit with home-bound clients
- Deliver groceries

College Internships

- Administrative support (data entry, filing)
- Case management assistance
- Career development
- Staff assistance

Annual Events

- Easter Breakfast and Egg Hunt
- Hunger Walk Fundraiser
- Thanksgiving Community Feast
- Children's Christmas Party
- Additional community outreach events

Monthly Events

- Second Saturday food distribution
- Senior Commodities Day
- Event set up and preparation

Special Skills

- Handyman, maintenance work
- Office cleaning
- Photography for events
- Auto mechanic for truck maintenance
- Database entry
- VITA tax preparation (January through April, training provided)
- Career assistance (help clients with resume building, job applications, and interviewing skills)
- Life-skills class teacher for homeless shelter clients

Food Drive/Adopt-a-Family

- Collect food from donors/stores for a FAM food drive
- Adopt a family during Thanksgiving or Christmas to provide a meal or gifts, respectively

Group Opportunities

- Sort donations at the FAM Main Resource Center
- Once a month meal preparation for Gilchrist and FAMily Houses
- Conduct drives:
 - food, toiletries, coats, pajamas, toys, Easter eggs and baskets
 - adopt-a-family
 - serve at a monthly events (see monthly events above)



Family Assistance Ministries Volunteer Agreement

Each volunteer must maintain a commitment of professional conduct.

Volunteers are prohibited from developing dual relationships with any client they meet through their volunteer service at FAM. Soliciting FAM or housing clients for business or personal reasons is prohibited.

Substance use

Volunteers will not consume any type of illicit drugs on FAM's premises or while working on behalf of the agency.

Discrimination

Volunteers will not judge any individual's race, disability, religious preference, sexual orientation, color, age, citizenship, ancestry, national origin or gender.

Sexual Misconduct

Volunteers will not engage in verbal abuse of sexual nature, jokes and stories of a sexual nature, and or any type of sexual interaction FAM clients.

Conduct

FAM volunteers are expected to maintain the highest level of moral, ethical and professional conduct while in service at any location, or any and all community events and meetings.

FAM volunteers may not be named as having authority to make decisions for a client under any type of power of attorney or other legal procedure.

This includes, but is not limited to, powers of attorney for medical care or finances. Volunteers matched with housing clients through FAM are not allowed to assume responsibility for custodianship or guardianship issues for any client or for a member of the client's family.

I hereby agree to the above terms and conditions of volunteering for Family Assistance Ministries. I understand that failure to adhere to these conditions may result in my being dismissed from the Family Assistance Ministries volunteer program.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Signature of Parent or Legal Guardian (If volunteer is under age 18): _____



Family Assistance Ministries Access and Confidentiality Agreement

I agree not to divulge any information to any person other than FAM staff in regard to clients obtained in the course of my association with Family Assistance Ministries. I further agree not to publish, and generally not to make public, any personal information regarding persons who have received services that would enable identification of individuals.

I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the California Welfare and Institutions Code.

I understand the expectations to client rights to confidentiality as mandated by law except in the following instances. In these instances, you are immediately required to contact the Director of Operations or Executive Director:

- a. If the client threatens grave bodily harm or death to another person or to him/herself;
- b. If a court of law issues a legitimate subpoena;
- c. If child abuse, sexual abuse, or neglect is suspected with a minor.

I have read the above and acknowledge my understanding of it and will abide by this professional standard in practice.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Signature of Parent or Legal Guardian (*If volunteer is under age 18*): _____



Statement Acknowledging Requirement to Report Suspected Child Abuse

Section 11166 of the Penal Code requires any childcare custodian, medical practitioner, or employee of a child protective agency who has knowledge of or observes a child in his or her professional capacity, or within the scope of his or her employment whom he knows or reasonably suspects has been victim of child abuse, to report the known or suspected instance of child abuse to a child protective agency immediately or as soon as practically possible by telephone and to prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

“Child Care Custodian” includes teachers, licensed day care workers; administrators of community care facilities licensed to care for children, foster parents, and group home personnel.

As a volunteer of Family Assistance Ministries, your position may fall within the definition of “child care custodian”. If so, you are mandated to comply with the child abuse reporting requirements as stated above.

I _____, have read the above and acknowledge my requirements of penal code FC Section 11166 as outlined above and will comply with these provisions.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Signature of Parent or Legal Guardian (*If volunteer is under age 18*): _____



Family Assistance Ministries Volunteer Contract

I have read, understand, and have signed the contingent agreements presented to me in the application packet that will enable me to volunteer at Family Assistance Ministries.

I understand that the safety of the clients, staff, and volunteers at Family Assistance Ministries is of primary importance and I will not jeopardize that safety through any intent of my own, and I will immediately notify a staff member of any situation or person that poses a threat to safety.

I understand that as a volunteer, either the Volunteer Coordinator, or another staff member will answer any questions or concerns I may have.

I further understand that my commitment to Family Assistance Ministries is a serious one and that, if for any reason I cannot be at my scheduled time, I will call Family Assistance Ministries and let a staff member know as soon as possible.

Volunteer Name

Signature

Signature of Parent or Legal Guardian (*If volunteer is under age 18*):

Volunteer Coordinator

Signature



Volunteer Release and Waiver of Liability & Confidentiality Agreement

This Release and Waiver of Liability & Confidentiality Agreement (the "Agreement") executed on this (date) _____, by ("Participant") _____ in favor of Family Assistance Ministries (FAM), a California non-profit corporation organized and existing under the laws of the State of California, USA, its directors, officers, employees, volunteers, and agents (collectively, "FAM").

I, the Participant, desire to volunteer with FAM to provide services and engage in activities related to offering these services. I understand that the activities may include, but are not limited to, transportation in commercial and FAM-owned vehicles; moving and lifting heavy objects; sorting, stocking shelves and refrigerators, serving food, cleaning and performing office related work.

I hereby freely and voluntarily, without coercion, execute the Agreement under the following terms:

1. **Waiver and Release** I _____, the Participant, release and forever discharge and hold harmless FAM from any claim or liability that I, the Participant, may have against FAM with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation as a volunteer. I also understand that FAM does not assume any responsibility or obligation to provide financial or other assistance, including, but not limited to medical, health, or disability insurance, in the event of injury, illness, and death or property damage.
2. **Insurance.** FAM does not carry or maintain, and expressly disclaims responsibility for providing any health, medical or disability insurance coverage for the Participant. EACH PARTICIPANT IS EXPECTED AND ENCOURAGED TO CARRY PERSONAL LIABILITY OR HEALTH INSURANCE PRIOR TO REGISTERING AS A FAM VOLUNTEER.
3. **Medical Treatment.** Except as otherwise agreed to by FAM in writing, I hereby release and forever discharge FAM from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during any time with FAM.
4. **Assumption of Risk.** I understand that my time with FAM may include activities that may be harmful to me, including, but not limited to loading and unloading of heavy things and materials, transportation to and from different locations. I recognize and understand that my time with FAM may, in some situations, involve inherently harmful activities. I hereby expressly and specifically assume the risk or harm in these activities and release FAM from all injury, illness, and death or property damage resulting from the activities of my time with FAM.
5. **Photographic Release.** I grant and convey unto FAM all right, title and interest in any and all photographic images and video or audio recordings made by FAM during my work for FAM, including, but limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Other.** I understand that it is my desire to further the work of FAM by performing services as a Volunteer. I undertake to perform said services as a Volunteer without compensation and that, in performing said services, I acknowledge that I am not acting as an employee of FAM.
7. **Receiving FAM mail.** I understand and approve that I may receive mail and email from FAM.

Additionally, I agree to the following:

1. I recognize that any and all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations. This information includes, but is not limited to information about clients, staff, volunteers, donors, contributors and other individuals' information that you may have learned through your work at FAM.
2. I agree not to copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services at FAM.
3. I recognize that unauthorized release of confidential information may make me subject to a civil action under provisions of the California Welfare and Institutions Code.
4. I understand the expectations to client rights of confidentiality as mandated by law and will immediately contact the Director of Operations or Executive Director in the event of the following instances:
 - a) If the client threatens grave bodily harm or death to another person or to him/herself;
 - b) If a court of law issues a legitimate subpoena;
 - c) If child abuse, sexual abuse, or neglect is suspected with a minor;

To express my understanding of this Agreement, I sign here.

Volunteer Name: _____

Volunteer Signature: _____ Date: _____

Signature of Parent or Legal Guardian (*If volunteer is under age 18*): _____