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| UMOJA COMMUNITY MOSAIC VOLUNTEER FORM  Thank you for considering volunteering with us! Information received is confidential and will be used for the purposes of supporting the programs hosted by Umoja Community Mosaic. |

# Personal Information

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| --- |
| Full name: |
| Birthday (MM/DD/YYYY): Gender: |
| Address: Postal Code: |
| Phone Number: |
| Email: |
| Physical Limitations/Allergies/Special Considerations: |
|  |

# Emergency Contact

|  |  |
| --- | --- |
| Full name: | |
| Home Phone: | **Cell Phone:** |
| Relationship to Volunteer: | |

# What areas are you interested in? (Please check all that apply)

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| --- | --- | --- |
| Food Program | Soccer Program | Tutoring/Education Program |

# Availability

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **What day(s) and time(s) of the week are you available?** (Please check all that apply)  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | |  | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | | Morning9am-12pm |  |  |  |  |  |  |  | | Afternoon 1pm-5pm |  |  |  |  |  |  |  | | Evening5pm-8pm |  |  |  |  |  |  |  | |
| **How many hours a week would you typically be able to offer?** \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Have you had a police check (with vulnerable sector) done within the last year?** \_\_\_\_\_\_\_\_\_\_\_\_If not, would you be willing to complete one before volunteering with Umoja? \_\_\_\_\_\_\_\_\_\_\_\_ |

# Umoja Community Mosaic History:

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| Have you ever participated in Umoja programs as a participant? Y/N  If yes, what programs? \_\_\_\_\_\_\_\_ |
| Have you ever participated in Umoja programs as a volunteer? Y/N  If yes, what programs? \_\_\_\_\_\_\_\_ |

# Confidentiality Agreement:

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| By signing below you consent to protect and keep confidential all of the personal information you may come into contact with or have to collect of program participants, other volunteers, and/or staff. This information cannot be shared in any form outside of executing the program work or service within the boundaries of Umoja Community Mosaic. |

# Conduct Agreement:

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| By signing below you consent to interacting with program participants, other volunteers and staff in a respectful, safe and professional manner. Under no circumstances should you, as a volunteer, be in a one-on-one situation with a program participant whether as part of the program or outside of it. |

# Photo Authorization:

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| By signing below you grant permission for the reasonable use of photos/videos containing your image in any or all of the following ways:  Promotional Material: Written, Video, Website, and Social Media. News Coverage: Radio, TV, Newspapers. |
| Volunteer Signature: |
| Volunteer Printed Name: Date: |
| Parent/Guardian Signature (if under 18): |
| Parent/Guardian Printed Name: Date: |

# Parent/Guardian Information (If under 18 at time of program)

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| Full name: |
| Phone: |
| Email: |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Name) consent to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Volunteer Name) volunteering with Umoja Community Mosaic. |
| **Parent/Guardian Signature:** |
| **Parent/Guardian Printed Name: Date:** |

Contact volunteer@umojamosaic.org for Any Questions or Concerns