



VOLUNTEER APPLICATION
HEARTS & HANDS · Join us · Be a Turning Point Volunteer

Today's Date: _____

Name _____ Date of Birth _____
(Last Name) (First Name) (month & date)

Street Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____ Cell _____

e-mail address _____

Emergency Contact Name _____ Phone _____ Relationship _____

Current Employer _____ Occupation _____

Employer Address _____ City _____ State/Zip _____

Education/Employment/Volunteer History

High School _____

College _____ Major _____

Previous Employer _____ Occupation _____ Years _____

Previous Volunteer Experience including dates and description of service:

Your special interests and skills ie. computers, arts & crafts, music, exercise/dance:

The 3 adjectives that best describe you are:

Turning Point Hearts & Hands Volunteer Opportunities

Please indicate your volunteer preferences (check as many as you wish!)

- Front Desk Volunteer:** You will be the first impression many people will have of Turning Point. If you are an outgoing, organized person who loves multitasking, this is the place for you. Some of your responsibility's will be; front desk greeter, answering the phone, enrolling participants in programs, assisting with class preparation, making reminder calls and other related duties. The usual commitment is three hours per week between the hours of 8:30 and 6:30. This position requires a background check and lab work.

- Children's Programming Support:** Be prepared to jump in, possibly get messy and have fun with great kids! While working with kids we function with a certain level of organized chaos. Your talents can be utilized by greeting children and parents, assisting with room set-up/clean up, working hands-on assisting facilitators and children with art, music, movement and other creative forms of expression. We need volunteers at monthly groups, day camps, and one time programs. Time commitment may be sporadic and time will vary depending on the length of the program. It is great to have a volunteer that we can call on when the need arises. We are looking for folks who love children, appreciate their energy and can be flexible to assist the facilitators to best serve the group. All Children's Program Support Volunteers require a background check.

- Outreach Representative:** If you love meeting new people, have flexible free time and are passionate, knowledgeable and articulate about Turning Point's mission this is the job for you. You will represent Turning Point at Health Fairs and Community Events by being the face and voice of Turning Point to all the visitors who are new to learning about Turning Point's programs and goals. The usual commitment varies but is typically no more than 2-4 hours per event about once a month.

- Garden Volunteer:** Do you enjoy beautiful flowers and making things happen in the garden? Whether your thumb is green or a dusty shade of beige, we are looking for people who enjoy spending time outdoors digging in the dirt. Turning Point has a lovely hidden garden that runs along the west side of our building. We have a small committee of volunteers who help with everything from planting to pruning to caring for our bubbling fountain. Your participation can range from helping once a month with maintaining the plants to checking the fountain's water level once a week. The garden is truly a place of beauty and we are always looking for volunteers to help us care for it.

- Annual or Special Events:** Bridge of Hope, Annual Fund Raiser, Spa night etc. There is always excitement in the air, the feeling of anticipation of what the hours ahead will bring. This is an opportunity to make our guests feel special and pampered. Your responsibilities are to help the event run seamlessly and your duties may include pre-event set up, greeting, check-in, assisting with donations, and clean-up. Time commitment will vary depending on the event.

If you have a preference, please circle the days and time of the week you prefer to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Morning Afternoon Evening

Special Comments related to your availability to volunteer: _____

Please tell us any special accommodations you will need to volunteer:

Please list two individuals we may contact, with your permission, for personal reference:

1. Name _____ Relationship to you _____

Address _____

Phone Number(s) _____

2. Name _____ Relationship to you _____

Address _____

Phone Number(s) _____

Please use this space to tell us why you wish to be a Turning Point Volunteer, or any other information you believe would be help us to match you with the best volunteer position and experiences:

Thank You!

I affirm that the information provided on this application is true and complete. I understand that before I begin my volunteer service I will be interviewed and complete/sign the Volunteer Statement of Confidentiality. Furthermore, **if I wish to work with children or the front desk, I give consent to a Missouri and Kansas reference check (Background History Record Information).**

Signature _____ Date _____



VOLUNTEER STATEMENT OF CONFIDENTIALITY

As a volunteer of Turning Point, a non-profit health organization serving individual clients and their families, I may become aware of personal and private areas of people's lives. I understand and agree that it is my responsibility to protect the privacy rights of all Turning Point clients, and to hold all medical and client information in confidence except as necessarily transmitted to other health care personnel involved in the care of the client, and except as authorized by either the client and/or required for continuing treatment.

I have been advised that client privacy and confidentiality of client information are protected by both federal and state laws, and I understand that violation of such laws might result in either civil or criminal penalties.

Furthermore, all private and personal information that you may become privy to regarding staff or guests of Turning Point shall be respected and confidentially protected.

I further understand that violation of this policy will be considered grounds for termination of my volunteer service to Turning Point.

Printed Name _____

Signature _____ Date _____