



VOLUNTEER APPLICATION

We appreciate your willingness to volunteer for Reasons to Believe. Volunteers are an important part of this ministry as we seek to grow and to be good stewards of what God has entrusted to our care. Our ability to utilize volunteer help will be based on the needs of RTB at any given time and the determination of a good fit between volunteers and RTB.

To apply to be a volunteer, please complete this application and return it to:

Reasons to Believe, Attn: Monica Jones, 818 S. Oak Park Rd., Covina, CA 91724

Phone: (626) 335-1480 Fax: (626) 963-6504

PLEASE PRINT CLEARLY

NAME	
ADDRESS	
CITY, STATE, ZIP	
HOME PHONE	
WORK PHONE	Is it OK to contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
CELL PHONE	
E-MAIL	
LANGUAGES SPOKEN	
ARE YOU 18 YEARS OLD OR OLDER?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NAME OF SCHOOL, IF STUDENT	

EDUCATION/DEGREE	<input type="checkbox"/> High School <input type="checkbox"/> College Major _____ <input type="checkbox"/> BA <input type="checkbox"/> MA <input type="checkbox"/> PhD
OCCUPATION	
PREVIOUS WORK EXPERIENCE	
SPECIAL SKILLS	

EMERGENCY CONTACT	
RELATIONSHIP TO YOU	
HOME PHONE	
CELL PHONE	

HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION IN THE LAST 7 YEARS?

Yes No

If yes, please explain in detail _____

VOLUNTEER STATUS	<input type="checkbox"/> I am currently a volunteer for RTB. <input type="checkbox"/> I have not yet volunteered for RTB but would like to. <input type="checkbox"/> I have volunteered for RTB in the past. When?
PREVIOUS VOLUNTEER EXPERIENCE	
SOME VOLUNTEER RESPONSIBILITIES MAY REQUIRE A PERSON TO DRIVE. ARE YOU WILLING TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what is your driver's license # _____	
HAVE YOU EVER BEEN CONVICTED OF ANY CRIME OTHER THAN A MINOR TRAFFIC VIOLATION IN THE LAST 7 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain in detail _____ _____ _____ _____ _____	
WHAT DAYS ARE YOU AVAILABLE	<input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thu <input type="checkbox"/> Fri <input type="checkbox"/> Sat <input type="checkbox"/> Sun
WHAT TIME OF DAY ARE YOU AVAILABLE	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoons <input type="checkbox"/> Evenings <input type="checkbox"/> Whole Day If available for specific hours, please indicate: _____ _____ _____ _____
HOW FREQUENTLY CAN YOU VOLUNTEER	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> I am committed to volunteer, but my schedule is unpredictable. Please call me and I will help as I can

SELECT AREAS IN WHICH YOU WOULD BE WILLING TO HELP

- | | |
|---|--|
| <input type="checkbox"/> General office (filing, photocopying, etc) | <input type="checkbox"/> Accounting |
| <input type="checkbox"/> Stuffing envelopes/packets for mailing | <input type="checkbox"/> Working at book table for outreaches in the area |
| <input type="checkbox"/> Answering phones | <input type="checkbox"/> Computer programming |
| <input type="checkbox"/> Typing, transcribing | <input type="checkbox"/> Cataloging/inventory |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Editing |
| <input type="checkbox"/> Making phone calls to solicit donations | <input type="checkbox"/> Writing letters |
| <input type="checkbox"/> Research | <input type="checkbox"/> Computer work using Word or EXCEL |
| <input type="checkbox"/> Anything – I'm glad to help | <input type="checkbox"/> Helping at RTB events (Open House, Conference...) |

Other areas in which I can help: _____

HOW DID YOU LEARN ABOUT REASONS TO BELIEVE?

WHY WOULD YOU LIKE TO VOLUNTEER AT REASONS TO BELIEVE?

ADDITIONAL COMMENTS/OTHER THINGS YOU WOULD LIKE US TO KNOW?

Thank you for completing this application! Our Volunteer Coordinator will contact with you within one month.



VOLUNTEER SAFETY

The safety and well being of volunteers and staff are high priorities at Reasons to Believe. In case of emergency, volunteers will be given instructions by a supervisor. It is essential, however, that volunteers follow common sense to keep themselves and others safe on a daily basis. If, at any time, you have a question about safety procedures or issues, please ask your supervisor or the Volunteer Coordinator.

Volunteers must observe safety and fire regulations; must not be under the influence of or in possession of alcoholic beverages or illegal drugs on Reasons to Believe premises or while on Reasons to Believe business; or make unauthorized entrance to Reasons to Believe facilities. Reasons to Believe is a no-smoking facility.

I have read and understand the policy and procedures on volunteer safety.

Name of Volunteer (***Please print***)

Date _____

Signature of Volunteer

Date _____

Signature of Parent/Guardian if volunteer is Under 18 years of age

Date _____



EMERGENCY MEDICAL RELEASE FORM

In the case of an emergency, I, the undersigned volunteer, or parent/guardian of a volunteer under 18 years of age, do hereby authorize Reasons to Believe or its representatives to consent to any x-ray examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered under general or special supervision and upon the advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, and to consent to any x-ray examination, anesthetic, dental, surgical diagnosis or treatment and hospital care to be rendered by a dentist licensed under the provisions of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnostic treatment or hospital care being required. This authorization is given pursuant to the provisions of Section 25.8 and Section 34.6 of the Civil Code of California.

In an emergency, please notify:

NAME	PHONE	RELATIONSHIP
ADDRESS	CITY	ZIP

NAME	PHONE	RELATIONSHIP
ADDRESS	CITY	ZIP

PHYSICIAN'S NAME	PHONE
INSURANCE CARRIER	PHONE

PLEASE LIST ANY ALLERGIES/SPECIAL NEEDS:

Name of Volunteer **(Please print)**

Date _____

Signature of Volunteer

Date _____

Signature of Parent/Guardian if volunteer is Under 18 years of age

Date _____



EQUAL EMPLOYMENT OPPORTUNITY AND SEXUAL HARRASSMENT POLICY

It is the policy of Reasons to Believe to practice equal employment opportunity without regard to an individual's race, color, national origin, ancestry, marital status, sex, physical disability, medical condition, age or any legally protected leave of absence, in application of any policy, practice, rule or regulation.

Any form of harassment, including sexual harassment, is absolutely prohibited. Any incident of possible harassment, including sexual harassment, should be brought immediately to the attention of the Vice President who will thoroughly investigate the matter. After reviewing all the evidence, Reasons to Believe will make a determination concerning whether reasonable grounds exist to believe that harassment has occurred. Disciplinary action, up to and including discharge, will be taken against any individual who is found to have engaged in harassment.

Sexual harassment includes:

1. Unwanted sexual advances.
2. Offering employment benefits in exchange for sexual favors.
3. Making or threatening reprisals after a negative response to sexual advances.
4. Offensive visual conduct, including leering, making sexual gestures, displaying sexually suggestive objects or pictures, cartoons or posters.
5. Offensive verbal conduct such as making or using derogatory comments, epithets, slurs and jokes.
6. Verbal sexual advances or propositions.
7. Verbal abuse of a sexual nature, graphic verbal commentary about an individual's body, sexually degrading words used to describe an individual, and suggestive or obscene letters, notes or invitations.
8. Offensive physical conduct such as touching, assault and impeding or blocking movement.

Name of Volunteer (***Please print***)

Date _____

Signature of Volunteer

Date _____

Signature of Parent/Guardian if volunteer is Under 18 years of age

Date _____

Signature of Supervisor

Date _____