



Pullman Office: 350 SE Fairmont Road, Pullman WA 99163
Phone: 509.334.9147 or 800.482.3991 | **Fax:** 509.334.9105
Email: cac@cacwhitman.com | **Website:** www.cacwhitman.com

Volunteer Application

It is the mission of Community Action Center to empower the people and communities of Whitman County to be self-sustaining by:

- Promoting the self-reliance of people with low to moderate income, and
- Engaging local groups and communities in efforts to enhance social and economic resource development.

Volunteers strengthen our community, making it a safer, healthier, and better place to live. Through your spirit of kindness, more Community Action Center services and outreach can be accomplished to meet the needs of our neighbors in Whitman County.

To become a volunteer member please complete the following: *Please print clearly*

Contact Name: _____ Application Date: _____

Group Affiliation: _____

Address: _____

City: _____ State: _____ Zip: _____ Birthdate: _____

Telephone: _____ E-mail: _____

Please provide your email to be placed on our volunteer email list. Each week we send out a list of volunteer opportunities so you can choose the dates and times that best fit your schedule.

Is this community service court ordered? Yes or No If your volunteer service is reportable for any reason, please provide the necessary form. Our Project Leaders will be happy to sign off on the hours worked.

What kind of volunteer work are you interested in helping with?

- Food Bank Gardens Food Rescue Nutrition Education Cooking Classes or Demos
 Office Assistant Special Group Project (Can be arranged with advanced notice)

What special skills or knowledge do you have to share with others?

- Cooking Food Preservation Working with children Working with seniors Budgeting
 Recreation/Fitness Gardening Life skills Other: _____

I understand that the work I perform and the time I spend at the Community Action Center is strictly unpaid and voluntary. I will not hold Community Action Center liable for any monetary compensation for my participation as a volunteer. I will not hold Community Action Center liable for any injury I may incur as a volunteer. I have read the Agency's Confidentiality and Code of Ethics Policies. I pledge to uphold these policies during and after my services with Community Action Center.

Volunteer's signature

Date

Community Action Center Confidentiality Policy

Respecting the privacy of our clients, donors, members, staff, volunteers and of Community Action Center itself is a basic value of our Agency. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the Executive Director. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Volunteers of Community Action Center may be exposed to agency or client information, both verbal and written, which is confidential and/or privileged and proprietary in nature. It is the policy of our Agency that such information must be kept confidential both during and after volunteer service. Volunteers are expected to return materials containing privileged or confidential information at the time of service expiration.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline.

Code of Ethics

The mission and goals of Community Action Center call every employee and volunteer to dedicate and commit to a high standard of ethics. Therefore, we recognize the critical role of conscience in choosing among courses of action and taking into account the moral ambiguities of life and commit ourselves to:

1. Demonstrate the highest standards of personal integrity, truthfulness, honesty, and fortitude in all our public activities in order to inspire public confidence and trust in our agency.
2. Serve the public with respect, concern, courtesy, and responsiveness, recognizing that service to the public is beyond service to ourselves.
3. Strive for personal professional excellence and encourage the professional development of our staff, volunteers and those entering our field.
4. Approach the agency and operational duties with a positive attitude and constructively support open communication, creativity, dedication and compassion.
5. Serve in such a way that we do not realize undue personal gain from the performance of our official duties.
6. Avoid any interest or activity that is in conflict with the conduct of our official duties.
7. Respect and protect the privileged information onto which we have access in the course of our official duties.
8. Respect, support, study, and when necessary, work to improve federal and state agencies, employees, clients, and all citizens.
9. Maintain a professional relationship with all clients at all times
10. Adhere to the rule of confidentiality of all records, material and knowledge concerning those who we serve.
11. Avoid discriminating among persons served or professionals on the basis of race, sex, creed, age, sexual orientation, handicapped characteristics, or other individual characteristics.
12. Respect the rights and views of other volunteers, clients, and professionals.
13. Maintain respect for institutional policies and management functions within agencies and institutions, and take the initiative toward helping to improve such policies if it will best serve the interest of those served.
14. Make a commitment to assess my own personal strengths, limitations, biases, and effectiveness on a continuing basis; that I shall continuously strive for self-improvement.

BACKGROUND CHECK PERMISSION

If you consent to the background check please fill out the following section:

Full **Legal** Name: _____
First Middle Last

Other Names Used: _____

Date of Birth: _____ Sex: _____ Race: _____

SID Number (If Applicable): _____

Social Security Number: _____

Driver's License Number/State: _____

Other States/Country you've lived in: _____

I hereby allow Community Action Center to perform a check of my background, including but not limited to:

- Criminal records
- Driving records
- Volunteer/employment history
- Personal references

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during check will be kept confidential.

Sign: _____ Date: _____

Do you want a copy of your background report? **YES** **NO**