



switchpoint™

948 N. 1300 W. St. George, UT 84770

Phone: 435-627-4663

VOLUNTEER APPLICATION (GROUP)

CONTACT INFORMATION:

School or Group Name					
Contact Name		Date			
Address				Suite/Unit	
City		State		Zip Code	
Total # of people volunteering		Cell Phone			
Email		Phone Number			

AVAILABILITY:

Weekdays:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Weekends:	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	
How often would you like to volunteer with Switchpoint?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special Events <input type="checkbox"/> Whenever needed		
	How many hours would you like to volunteer?		
	<input type="checkbox"/> Please contact me to discuss our availability.		

I, the undersigned volunteer ["Volunteer"] of Switchpoint agree and understand that the purpose of Switchpoint is to provide services to homeless and those in need.

I agree and understand that the guests served by Switchpoint have many diverse needs and conditions, which may include mental, emotional, physical, and social maladjustments. I hereby release Switchpoint and its directors, staff, and agents from any and all claims, responsibility, liability, or causes of action, for any injury, loss, or damage that I may incur in connection with my volunteer activities at Switchpoint.

I further understand that, as a volunteer of Switchpoint, any and all information pertaining to guests is strictly confidential. Due to the privacy and protection of our guests, I understand that photography and/or videography is not allowed. I agree to hold in confidence any information about clients and donors, which comes to my knowledge during my association with Switchpoint.

⇒ Over

I understand and acknowledge that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer. Upon acceptance as volunteers, my family or group agrees to serve under the leadership, guidance, and procedures of Switchpoint for the duration of my volunteer service.

AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I grant permission to Switchpoint and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by Switchpoint.

I hereby agree to release, defend, and hold harmless Switchpoint and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

Finally, I understand I am the Family/Group Representative and by signing this waiver, I am signing for all mentioned parties. I will communicate the above mentioned standards to all group members and take responsibility for each group member's compliance with these standards.

Printed Name: _____

Signature of School or Group Representative: _____

Date: _____

Volunteer Handbook Confirmation

I, _____, acknowledge receipt of the Volunteer ("Handbook") of the Switch Point Community Resource Center. I understand that it is my responsibility to read and comply with Switch Point Community Resource Center guidelines contained in the handbook. If I have any questions about information contained in the handbook, I will ask my supervisor or the Volunteer Coordinator for clarification. I understand that revised information may modify existing guidelines.

I further understand that my failure to uphold the volunteer guidelines may result in dismissal from the volunteer program.

I have read and understand the above statements and agree to read the handbook.

Signature

Printed Name

Date

Signature of parent/legal guardian (if applicable)



Switchpoint Community Resource Center
948 N. 1300 W.
St. George, UT 84770
(435)628-9310x3
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VOLUNTEER HANDBOOK

IT TAKES ALL OF US

Welcome to Switch Point Community Resource Center. We are delighted to have you on board with us as we work together to provide assistance to our local community who need our help.

SwitchPoint Community Resource Center believes **"It takes all of us"**. By collaborating with agencies and organizations serving common clients, we remove barriers and assist those in poverty to reach independence.

Please know how much we appreciate your willingness to share your energy, presence, and time with us, and please use this handbook as a tool to help guide you through your volunteering experience with us.

"Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed, it is the only thing that ever has."
-Margaret Mead



Release of Liability

I hereby fully and forever waive, release and relinquish and all claims, demands and actions whatsoever that I may have or may accrue to me against Switchpoint Community Resource Center, officers, agents, volunteers and employees arising out of this activity and/or any volunteer activity associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend Switchpoint Community Resource Center, from any and all claims and actions resulting from injuries, damages and losses sustained by me arising out of, connected with or in anyway associated with this volunteer position.

I have read this agreement and fully understand its content and sign it of my own free will. I further certify that I am (18) years of age or the parent/legal guardian of a minor participant.

Statement of Confidentiality

As condition of being involved with persons seeking assistance from Switchpoint Community Resource Center, I,

Agree to keep confidential any information shared with me. I understand that no information concerning clients shall be released to other agencies or persons without signed, written consent of those involved. I recognize that the unauthorized release of confidential information may make me subject to civil action. I further understand that violation of this agreement is grounds for termination of my service.

Name of Volunteer

Date

Signature

Signature of parent/legal guardian (if applicable)

Volunteer Code of Responsibilities

- Arrive on time.
- Call the volunteer coordinator if you are unable to volunteer on a certain day. Please give as much notice as possible so that a substitute can be called.
- Ask questions of your volunteer supervisor if you don't understand any particular aspect of your volunteer assignment.
- Call The Volunteer Coordinator if you have a change of address or phone number.
- Wear your name badge. Please call us for a new one if it is misplaced.



"Your life and mine should be valued not by what we take... but by what we give."
-- Edgar Allen

Check-In/Out Procedure

Volunteers must check-in and sign-in/out at the front reception desk each time you volunteer.

Name Badges

Volunteers are required to wear name badges at all times, when at Switch Point.

Client Confidentiality

Switch Point staff and volunteers must protect confidentiality of all client information obtained in the course of professional service, except in the case of suspected abuse, neglect, or harm to one self or others, in accordance with all federal and state laws. All employees and volunteers must respect the privacy of clients in a professional manner regarding information learned and observations made. Prior written permission is required for any video/audio taping, photography or interviewing of clients.

Client-Volunteer Relationships

Be Wise! We want volunteers to get to know our staff, other volunteers and residents in the programs. However, be aware of being taken advantage of by some clients who may employ manipulative tactics to achieve personal and, in some cases, unprofitable agendas.

Here are a few specifics:

- ◆ Do not give rides to any client
- ◆ Do not give money to any client
- ◆ Do not leave your belongings unattended.
- ◆ Report inappropriate behavior to staff
- ◆ Do not procure alcohol, illegal drugs or unauthorized prescription drugs from or for clients or staff members.

Personal or social relationships with clients are not appropriate. Volunteers are prohibited from engaging in relationships with clients when the fulfillment of their own needs is primary to that of the client. Never initiate interactions with clients that are strictly social or self-serving in nature. Sexual relationships with clients are expressly prohibited.

Dress Code

Volunteers should wear appropriate, suitable clothing and shoes for the volunteer task they are doing. Please refrain from wearing short shorts, shirts that are low cut or have spaghetti straps. As a general rule-dress conservatively.

Donations

All donations (money, food, clothing or any other in-kind donation) are to be used for the benefit of Switchpoint Community Resource Center, clients and residents. Volunteers are not authorized to use these donations for personal benefit or to distribute them to clients without specific authorization from the appropriate supervisor. Volunteers are not authorized to handle cash donations. Violation of this policy (unauthorized possession, use or distribution of donations) will result in disciplinary action, up to and including immediate termination.

Reporting Incidents

An incident refers to any event or situation where someone could suffer injury. All incidents must be immediately reported to staff supervisor. This reporting policy is important for the safety and well being of everyone in order to insure a continued safe and successful workplace.



Recruiting Others

The most popular method of volunteer recruitment is word of mouth. Make your volunteer service more meaningful and fun by bringing your friends!

Volunteer Commitment

The Switchpoint Community Resource Center is committed to treating each volunteer as a valued member of our team. In turn, volunteers are expected to keep their work schedule as employees do. Please be punctual for your assigned shift. If you are unable to fulfill a volunteer commitment, please let the Volunteer Coordinator or appropriate staff member know as soon as possible. Please limit the use of cell phones during scheduled volunteer time.

“The best way to find yourself is to
lose yourself in the service of others.”

Mohandas Karamchand Gandhi

Volunteer Dismissal

Every now and then, it is necessary to dismiss a volunteer. Reasons for dismissal may include, but are not limited to :

- ◆ Attendance problems, which include chronic late arrival or early departure.
- ◆ Poor attitude, which includes cynical responses, inability to accept suggestions or criticism, negative attitude toward staff, residents, and/or volunteers, too much socializing with other workers or residents.
- ◆ Difficulty with job duties, which include not following instructions.
- ◆ Failure to follow volunteer guidelines for rules.
- ◆ Willful violation of any agency rule.
- ◆ Inappropriate dress, language or behavior.
- ◆ Any type of harassment directed toward another person.
- ◆ Malicious gossip and /or spreading rumors, engaging in behavior designed to create discord and lack of harmony.
- ◆ Being intoxicated or under the influence of controlled substance/ drugs while volunteering. (The only exception is medication prescribed and taken as directed by a physician which does not impair volunteering performance.)