Volunteer Application Form

Date: ______________________________________

First Name: _________________________________ Last Name: ______________________________________

Preferred Name: _____________________________ Company: _________________________________________

Address: ___________________________________ City: ______________ State: ________ Zip: _________

Cell Phone: _________________________________ Home Phone: ( _____ ) _______ - _________

Email: _____________________________________ Birthday: _______________________________________

Preferred form of communication: ☐ e-mail ☐ phone ☐ text ☐ mail

How did you find out about Connections to Success?

☐ Website ☐ Article ☐ Friend/Colleague ☐ VolunteerMatch.com ☐ Other: _____________________________

Employment History:

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<tr>
<th>Employer</th>
<th>Duties</th>
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Do you have vocational/professional skills that could be helpful to our participants or programs? (Fundraising, public relations, organization, technical skills, etc.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

What hobbies or interest do you have that you might be interested in sharing?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
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Please indicate the day(s) you are available to volunteer:

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Weekends
- [ Other: __________________

How many hours would you like to serve at Connections to Success? ______ hours week / month

Do you prefer on the same day each week or month?  
- [ ] Yes
- [ ] No

Do you prefer to volunteer on a floating/as needed basis?  
- [ ] Yes
- [ ] No

Do you prefer to work on:  
- [ ] specific projects or events
- [ ] variety of tasks

Would you be willing to serve on a planning committee for special events?  
- [ ] Yes
- [ ] No
- [ Maybe

What type of task do you prefer to do?  
- [ ] Work with people
- [ ] Work with materials (office work, maintenance)

Which of these areas appeals to you the most?  
- [ ] Personal Shopper
- [ ] Clothing Sorter
- [ ] Mentor
- [ ] Administrative
- [ ] Job Coaching
- [ ] Mock Interviewing
- [ ] PWG Speaking
- [ ] Providing a Meal

Do you have any physical limitations regarding lifting, etc.?  
- [ ] Yes
- [ ] No

To ensure the safety of our volunteers, participants and staff we ask that all volunteers submit to a criminal background check.

Please review and sign the attached Confidentiality Agreement, Authorization for Release of Personal Information and Publicity Release Form before submitting your completed application.

Please submit your completed volunteer application to:

kansascity@dressforsuccess.org Fax: 816.561.5104

Connections to Success  
300 W. Linwood Blvd.  
Kansas City, MO 64111  
816.561.5115
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Volunteer Confidentially Agreement

I, the undersigned, understand that in my capacity as a volunteer for Connections to Success, I may have the opportunity to become aware of confidential information concerning the clients, staff, and operations of this organization.

I am aware that anything I learn or experience during my volunteer interaction which may be considered private, sensitive, or privileged information must be held in strict confidence. I agree that will not share protected information, nor divulge identifying information regarding the client, staff, or operation of Connections to Success or related individuals or entities.

Failure to comply with confidentiality expectations may result in immediate termination of my volunteer relationship with Connections to Success.

Authorization for Release of Personal Information

I, the undersigned, do hereby authorize a review of all full disclosure of all records concerning myself to Connections to Success, its agents and representatives whether records are public, private or of a confidential nature. I understand that any information obtained by a personal history background investigation which is developed directly or indirectly in whole or in part upon this release, an authorization will be considered in determining my suitability for volunteering. Any offer of a volunteer position is contingent upon agency review of all report information.

I have read and fully understand the contents of this “Authorization of Release of personal Information”

Publicity Release Form

I, undersigned, give permission for my photograph and/or quotations to be printed by Connections to Success, as part of the public relations/marketing/fundraising activities of the organization. Such publications may include for example newsletters, agency brochures, and our Internet web site. I understand that my photograph and/or remarks may be used in programs or articles depicting the programs and services of the agency.

I reserve the right to refuse to be photographed or quoted in any specific instance or situation.

I understand that if at any time I want to rescind this authorization, I must submit in writing, my withdrawal of this form.

I have read and understand all of the above.

__________________________________________  __________________________________________
Signature                                      Print name

Date ___________________________________