



Volunteer Application

Name: _____ Date: _____

Company/Organization Name (if applicable): _____

Phone number(s): _____

Email address: _____

Mailing address: _____

Are you 18 years of age or older? Yes No

Are you volunteering for school/work/other credit? Yes / No If yes, # hours needed _____

What type of volunteer work are you interested in? Feel free to select more than one.

<input type="checkbox"/>	Activities with Youth (on or off campus)	<input type="checkbox"/>	Specialized Skills Training for Clients
<input type="checkbox"/>	Administrative/Office Support	<input type="checkbox"/>	Specialized Skills Training for Staff
<input type="checkbox"/>	Childcare (regular or on call)	<input type="checkbox"/>	Transportation (regular or on call)
<input type="checkbox"/>	Cleaning/Organizing with Clients	<input type="checkbox"/>	Tutoring Adults
<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Tutoring Youth
<input type="checkbox"/>	Mentoring a Client	<input type="checkbox"/>	Other
<input type="checkbox"/>	Moving Clients in to New Homes (on call)	<input type="checkbox"/>	
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	

REFERENCES & EXPERIENCE

Have you ever volunteered before? Yes / No If yes, where? _____

Occupation: _____ Employer: _____

Please list three people, who are not family members, that we may contact who can tell us about your qualifications. If you are employed, please use a supervisor as your first reference.

1) Name _____ Relationship to volunteer _____

Address _____ Phone/Email _____

2) Name _____ Relationship to volunteer _____

Address _____ Phone/Email _____

3) Name _____ Relationship to volunteer _____

Address _____ Phone/Email _____

BACKGROUND

Have you ever been charged with and found guilty of any crime other than a minor traffic offense?

Yes / No



If you have answered YES to the previous questions, please provide details below:

EMERGENCY CONTACT INFORMATION

1) Emergency Contact Name _____

Phone _____ Relationship to volunteer _____

2) Emergency Contact Name _____

Phone _____ Relationship to volunteer _____

ANYTHING ELSE YOU'D LIKE US TO KNOW?

I certify that the foregoing information is correct to the best of my knowledge. I understand and agree that knowingly stating false information on this form will be grounds for immediate termination from volunteering. I further grant Homeworthy permission to check any and all information provided through appropriate sources, including references listed above. I understand that all Homeworthy potential volunteers may be background checked including checks from the Maine Department of Health & Human Services, the State Bureau of Identification, the Bureau of Motor Vehicles, the MaineCare exclusion list, the National Sex Offender Registry, and SAM.gov.

(Signature of Volunteer)

(Date)

Homeworthy is an equal opportunity employer committed to team development and a supportive respectful culture. We do not discriminate on the basis of race, color, religion, marital status, age, national origin, ancestry, physical or mental disability, medical condition, pregnancy, genetic information, gender, sexual orientation, gender identity or expression, veteran status, or any other status protected under federal, state, or local law. For further information concerning policies or to file a grievance or complaint, please call or write to the Chief Operating Officer, PO Box 1696, Rockland, ME 04841 or call telephone number 207.593.8151

Thank you for your interest in volunteering with Homeworthy— we look forward to working with you!

AVAILABILITY

Weekly Monthly Keep me on the list for one-time opportunities

Short-term Other _____

LOCATION PREFERENCE Rockport/Shelter Rockland/Youth Center Where Needed

Last updated 5.7.2024



Volunteer Expectations Guide

Thank you for your interest in volunteering for the Homeworthy! At Homeworthy we expect the workplace culture is best when we all adhere to the same core values. For us that includes: Kindness Matters, Teamwork Happens, Value Learning, Proficient Efficient & Authentic. Below you will find some general guidelines to follow, while working with us and those we serve. We hope that your experience with us will be positive, safe, and rewarding—for both you and the clients you interact with!

RESPECT AND TOLERANCE

1. Please be respectful of everyone present, including clients, staff, and other volunteers.
2. Remember that everyone is different. Try not to impose your values onto clients. Instead, listen as openly as you can. Be curious. Ask questions. Never blame/shame/pass judgment on clients who express opinions, beliefs or preferences that are different than yours.
3. Try not to give advice, unless a client asks you to. When a client shares, it is best to just listen and/or to validate the client's feelings. If you really want to give advice, when the client has not solicited it, then ask for the client's permission, first, and respect their response, whatever it is.
4. An important part of being respectful is keeping conversation topics appropriate. In general, we trust you to use your best judgment when speaking with clients. If you are unsure about the appropriateness of a conversation topic, then ask the Mental Health Specialist, or another staff person.
5. Our clients are all under high levels of stress and many also struggle with mental health challenges. Please keep this in mind. Do not personalize comments that seem negative. Try to be patient. If a client behaves in a way that feels inappropriate, then talk to them about it and/or ask for support from a staff member.

BOUNDARIES

Boundaries are extremely important, especially with clients who are in crisis. Note that all clients are considered to be "in crisis," before they get housed. Many different boundary issues can arise, when working at the shelter or offsite with clients. Below are just a few boundaries that are important to keep in mind:

1. Please **never** give a client money. If you feel strongly that a client needs money for something (i.e. a phone card, food, a prescription co-pay, etc.), then inform a staff person. The staff person will pass your message along to a supervisor and/or the client's case manager; or the staff person may refer you to the client's case manager, directly.

2. Do not bring clients into your home. If you meet a client offsite, be sure that the reason for meeting is appropriate, the meeting is held in a space that is public, and your supervisor is aware of where and when you are going.
3. Do not transport clients if transportation is not part of your agreed upon volunteer activity. If you do transport a client, make sure that you have signed the Volunteer Transportation Agreement and Homeworthy has a copy of your up to date driver's license and insurance on file.
4. Keep physical contact to a minimum. Many people are not comfortable with being touched. If you do want to touch a client (i.e. to pat the person's shoulder, or to give the person a brief hug), then **always** ask the client's permission, first, and be sure that the touch is appropriate.
5. Whenever you are asked or inclined to do something that you feel unsure about or uncomfortable with, **trust your gut instinct**. If something feels wrong, then it probably is. So, stop whatever you are doing. BEFORE you move forward with the questionable activity, refer to these program guidelines and reach out to the Mental Health Specialist or another staff member for feedback.

Please remember that care, respect and a willingness to ask questions can go a long way. Clients are usually pretty understanding about rules and boundaries, if you communicate about the rules and boundaries in a way that is respectful and open. Even if all you communicate is that you are unsure and that you need to consult with someone, clients will usually appreciate your willingness to be direct with them. Being kind and direct communicates to the client that you respect them as an adult and that you trust their ability to participate with you in the decision-making process.

RESPONSIBILITY

1. Volunteers under the age of 16 are required to have a guardian present while volunteering.
2. Dress appropriately for the task you are participating in.
3. If you commit to a volunteer activity, then please do your best to follow through on that commitment. If you have to cancel or be late for a volunteer activity, then try to give 24 hours' notice.
4. Work safely; follow all food, equipment, safety, and building guidelines.
5. Do not give out personal information. If you ever feel uncomfortable with a client, then seek the support of a staff person.
6. Always try to meet with clients in public places and do your best to keep staff or others in sight or in earshot.
7. **If you are sitting with a client who is agitated, then make sure that others can see you and that you have a clear path to an exit.**

Hospitality House & The Landing Place are programs of Homeworthy
Hospitality House: 169 Old County Rockport, ME 04856 | 207-593-8151

The Landing Place: 63 Park St. Rockland, ME 04841 | 207-466-9285

Mailing: PO Box 1696, Rockland, ME 04841 | homeworthy.org | EIN: 46-3136785



8. If you do meet a client in an environment that is not easy to exit and/or is private, with no one else in sight or in earshot (i.e. if you are transporting a client in your personal vehicle), then ALWAYS keep a cell phone on and easily accessible. If you do not have a working cell phone and are often alone with clients, then please speak with the Volunteer Coordinator. They can loan you a track phone to keep on your person, in case there is an emergency.

If you ever feel physically unsafe—or if you believe that a client is unsafe—then immediately [CALL 911](#). If you are concerned about a client’s mental health (i.e. if you are concerned that the client may be suicidal), then call the local [Crisis Hotline at: 888-568-1112](#).



AGREEMENT

1. I have read and understand the duties and guidelines stated in the Volunteer Expectations.
2. I understand and will strive to act in a manner consistent with the Homeworthy Mission.
3. I recognize that volunteers are supervised by the staff person managing the volunteer program.
4. I understand that food, donated items, supplies, and storage space of Homeworthy and its partners are to be used only as directed by the staff person managing the program.
5. If unable to work during a previously agreed upon time, then I will contact the Volunteer Coordinator as soon as possible at: (207) 593-8151.
6. I understand that I am not to give out my last name, address, or telephone number to clients .
7. I understand that I must refer requests for financial assistance to the Volunteer Coordinator or to the Case Manager on Duty.
8. Any information shared between clients, volunteers and staff is to be kept confidential.
9. If a client seems likely to harm themselves, another person, or Homeworthy property, then I will contact a staff person immediately. **If a staff person is not available, then I will call 911.**
10. I understand that if I (or any volunteer) have been asked to leave the premises, for any reason, then prior to returning to volunteer, I will need to meet with the Executive Director.

I have read the above guidelines and policies and agree to follow them.

(Printed Name of Volunteer)

(Signature of Volunteer or Guardian if under 18 years old)

(Date)

Last updated 5.7.2024

Hospitality House & The Landing Place are programs of Homeworthy
Hospitality House: 169 Old County Rockport, ME 04856 | 207-593-8151
The Landing Place: 63 Park St. Rockland, ME 04841 | 207-466-9285
Mailing: PO Box 1696, Rockland, ME 04841 | homeworthy.org | EIN: 46-3136785



Confidentiality Agreement

This is to certify that I, _____,
a volunteer, intern, employee, or independent contractor for the Homeworthy, understand that any information (including written, verbal, or any other form) obtained during the performance of my duties must remain confidential. This includes all information about members, clients, families, employees and other associate organizations, as well as any other information otherwise marked or known to be confidential.

I understand that any unauthorized release or carelessness in the handling of this confidential information is considered a breach of the duty to maintain confidentiality.

I further understand that any breach of the duty to maintain confidentiality could be grounds for immediate dismissal and/or possible liability in any legal action arising from such a breach.

(Printed Name of Volunteer)

(Signature of Volunteer)

(Date)

Last updated 5.7.2024



Assumption of Risk, Waiver of Liability & Indemnification Agreement

Thank you for working with Homeworthy today. We greatly appreciate your assistance and commitment to our mission. Our insurance policy requires that we have an accurate record of all volunteers.

This is an annual form where you agree to release Homeworthy of all liability while working with Homeworthy. This form is in effect for one year from the signing date. This Release and Waiver of Liability and Indemnification Agreement (the "Agreement" executed on this ____ day of _____ 20__, by _____ (the "Volunteer") in favor of Homeworthy, a Maine non-profit organization, their directors, officers, employees, and agents (collectively, "Homeworthy")

In consideration for the opportunity for me (and, if applicable, the minor children listed below for whom I am a parent or guardian) to volunteer with the Homeworthy I, the above-named Volunteer, acknowledge and agree that I am 18 years of age or older (or, if under age 18, have obtained the consent of my parent or guardian as indicated below) freely enter into this Assumption of Risk, Waiver of Liability and Indemnification Agreement (this "Agreement") on behalf of myself (and, if applicable, the minor children listed below) (collectively, "I," "me" or "myself") and hereby agree as follows:

1. Voluntary Participation: I am voluntarily participating in the event activities (the "Activities") organized or sponsored by the Homeworthy ("Homeworthy") on its own or in conjunction with other persons or organizations (each a "Co-Sponsor"). I acknowledge that Homeworthy has provided for my benefit the opportunity to participate in the Activities and that my participation in the Activities is entirely voluntary on my part and that neither Homeworthy nor any Co-Sponsor in any way requires my participation in such Activities.

2. Assumption of Risk: I understand that the Activities may include but are not limited to sleeping outside in tents/temporary shelter/no shelter; exposure to cold and/or inclement weather; consuming food; volunteering at event stations and other activities sponsored by or on behalf of Homeworthy, and that certain of these activities will take place in or on public property that has potentially unsafe conditions. I acknowledge the inherent risks in participating in events, such as the Activities, including the risk of injury or death whether arising from my own actions or negligence, the actions or negligence of others or otherwise, and I hereby assume all such risks inherent in participating in the Activities. I further acknowledge that I freely and of my own free will have chosen to participate in the Activities, knowing and having inquired into the risks and potential risks involved in such participation.

3. Waiver of Liability: I (on behalf of myself and my heirs, personal representatives, successors, distributees, guardians, next of kin, spouse, representative, beneficiaries and assigns or anyone acting through me or on my behalf (collectively, including me, the "Releasers"), hereby unconditionally and irrevocably, and to the maximum extent permitted by applicable law forever waive, discharge and release Homeworthy and its affiliates, each Co-Sponsor and its affiliates and its and their respective present and former officers, directors, employees, volunteers, contractors, representatives and agents, and/or anyone else connected therewith regardless of whether named herein (each a "Released Party"), each individually and in their representative capacities, from and against any and all claims, actions, damages, causes of action, costs, damages, liabilities, expenses or demands that I or any of the other Releasers may now have, may ever have had, or may have in the future against any and all Released Parties for any personal injury, disability, death or loss of or damage to person or property arising from or related to (whether directly or indirectly) the Activities (collectively, "Claims"), including without limitation: (i) my presence or participation in the Activities, (ii) any first aid, treatment or service rendered in connection with my presence or participation in the Activities, (iii) the negligence or other acts of any Released Party, whether or not directly connected to the Activities or (iv) the condition of the premises where the Activities occur, whether or not I am participating in the Activities (in each case whether or not attributable to the negligence of any of the Released Parties or otherwise).

4. Indemnification: I hereby agree to indemnify and hold harmless each Released Party from claims, actions, damages, causes of action, costs, damages, liabilities, expenses or demands of any third party for personal injury,

Hospitality House & The Landing Place are programs of Homeworthy
Hospitality House: 169 Old County Rockport, ME 04856 | 207-593-8151

The Landing Place: 63 Park St. Rockland, ME 04841 | 207-466-9285

Mailing: PO Box 1696, Rockland, ME 04841 | homeworthy.org | EIN: 46-3136785



disability, death or loss of or damage to person or property arising from or related to (whether directly or indirectly) my negligent or intentional act(s) or omission(s) while participating in the Activities.

5. Proper Conduct: In connection with the Activities, I will at all times conduct myself safely -- respectful of others and of all property or equipment used for the Activities--and I will follow any and all instructions from Homeworthy personnel regarding my participation in the Activities. I have no right to participate in the Activities and will leave the premises in which the Activities are taking place, immediately if so requested by Homeworthy personnel.

6. Image and Story Release: I grant Homeworthy either wholly or in part, the perpetual and irrevocable and unrestricted right to use and publish any likenesses, photos, film, digital imaging, videos, verbal and written statements of myself and of any family or friend who register with me for promotional, web usage, or other uses by Homeworthy whether associated with Activities for any purpose in any manner or medium, known or unknown, without compensation. Homeworthy is permitted but not obliged to use my name in connection with the foregoing.

7. Other Acknowledgements: I acknowledge that I know of no medical reason, or other reason, why I should not participate in the Activities and that Homeworthy has advised me to consult a physician before participating in the Activities. I authorize Homeworthy and its employees, independent contractors and agents to secure from any licensed medical personnel any treatment or assistance deemed necessary for my immediate care if it appears, in the absolute discretion of Homeworthy or any of its employees, independent contractors and agents, that I require immediate professional medical attention or emergency care. I also agree that I will be responsible for payment of any and all medical services rendered as a result of the immediately preceding sentence.

8. Governing Law; Severability: This Agreement shall be construed in accordance with the laws of the State of Maine. The provisions of this Agreement are severable and any portion of this Agreement deemed unenforceable shall be modified to make it enforceable to the maximum extent permitted by law. If such portion cannot be modified to be enforceable, such portion shall instead become null and void leaving the remainder of this Agreement in full force and effect.

I have carefully read this Agreement, fully understand and agree with its contents and sign it of my own free will. I am aware that this Agreement contains a waiver of liability on behalf of me (and, if applicable, the minor children listed below for whom I am a parent or guardian) relating to the Activities, among other things, and, once signed by me, will be a legal and binding contract.

Participant Signature: _____ Date: _____

Emergency Contact: _____ Emergency Phone: _____

If Participant is a Minor (i.e., under 18 years of age) or if any minor children for whom Participant is a parent or guardian will also be participating in the event with Homeworthy, please also complete:

I, the undersigned parent and/or legal guardian, acknowledge and agree that I have read this Agreement, fully understand that by signing this Agreement I am giving up legal rights and/or remedies which may otherwise be available to the minor Participant (and/or, if applicable, the minor children for whom Participant is a parent or guardian and who will also be participating in the Activities at Homeworthy) listed below, myself and/or any of the other Releasors regarding, among other things, any losses the Participant may sustain as a result of participation in the Activities, and that I am freely signing this agreement.

Name of Minor: _____ Age: _____

Name of Minor: _____ Age: _____

Name of Minor: _____ Age: _____

Name of Minor: _____ Age: _____

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____ Date: _____

Hospitality House & The Landing Place are programs of Homeworthy
Hospitality House: 169 Old County Rockport, ME 04856 | 207-593-8151

The Landing Place: 63 Park St. Rockland, ME 04841 | 207-466-9285

Mailing: PO Box 1696, Rockland, ME 04841 | homeworthy.org | EIN: 46-3136785

Janet T. Mills
Governor

Jeanne M. Lambrew, Ph.D.
Commissioner



Maine Department of Health and Human Services
Child and Family Services
11 State House Station
2 Anthony Avenue
Augusta, Maine 04333-0011
Tel.: (207) 624-7900; Toll Free: (877) 680-5866
TTY: Dial 711 (Maine Relay); Fax: (207) 287-5065

**AUTHORIZATION RELEASE OF CONFIDENTIAL SUBSTANTIATED
MAINE CHILD ABUSE AND NEGLECT RECORDS INFORMATION**

Agency/Provider to receive this information:

**Homeworthy P.O. Box 1696
Rockland, ME 04841**

I, _____, authorize the Maine Department of Health and Human Services to release
(Please print clearly)
confidential information to the above agency regarding whether I have been involved in a substantiated Maine
Child Protective Services case and the nature of that involvement.

I understand that:

- The Department can only conduct a search based on the information provided in this form. The CPS Clearance that you receive will only be accurate with regard to the name(s) provided. The Department will not be responsible for any information regarding the subject of this Clearance if names are missing or omitted from this form. Please ensure all current and former names are listed in their entirety.
- This release may be revoked by me in writing at any time, except for information that has already been released. For details contact Child Protective Intake at 1-800-452-1999 x2.
- This information will be used as part of the above agency's assessment of my suitability to provide services for children and families they serve.
- This information is subject to continuing confidentiality as provided by Maine statute, 22 M.R.S. §4008.
- This release will expire upon the disclosure of the information as authorized.

PLEASE DO NOT LEAVE ANY SPACES BLANK

DATE OF BIRTH: _____ ALIASES (including maiden): _____

SIGNATURE: _____ DATE: _____

MAINE ADDRESS: _____

RESULT BELOW (To be completed by DHHS):

As of _____, this person has no substantiated findings of Child Abuse or Neglect in the State of Maine.

DHHS, OCFS, Background Check Unit Staff

IF RESULT AREA IS NOT SIGNED, SEE ATTACHMENT →

Updated 2020



Consent for Background Check

To process your application or intake with Homeworthy, an investigative consumer report (background check) may be conducted by InforME. In accordance with the U.S. Fair Credit Reporting Act § 606, we notify you of the following: A background check report may contain information bearing on your character, general reputation, personal characteristics, mode of living, and credit standing. Information may include, but is not limited to: employment history, education, criminal records, credit history, motor vehicle records, personal references, and any data provided on this application, or during the interview or intake process.

If currently employed, may your current employer be contacted? Yes No

Would you like a copy of the report? Yes No

Please read the following and, if acceptable, authorize us to order an investigative consumer report to be prepared by InforME:

Authorization to prepare investigative consumer reports. I authorize the appropriate individuals, companies, institutions, or agencies to release information requested for the preparation of an investigative consumer report (background check) and to respond to all inquiries necessary for the same.

_____ /_____/_____
Legal Last Name Legal First Name Legal M.I. Date of Birth

Other names used and dates changed: _____

Please list any additional addresses where you have lived, worked and/or attended school during the past 7 years:

City _____ State _____

City _____ State _____

City _____ State _____

City _____ State _____

City _____ State _____

I authorize a photocopy and/or an electronic copy of this authorization to be accepted with the same authority as the original and if employed by, or working as a volunteer, intern or client with, the Homeworthy, this authorization will remain in effect throughout my employment, or my time as a Homeworthy volunteer, intern, or client.

Signature of Applicant or Client

Date

Signature of Staff/Witness

Date

Last updated 5.7.2024