



Lutheran Social Services of the Virgin Islands, Inc.

516B Hospital Street, Frederiksted, VI 00840-3824

Phone: (340) 772-4099 ext. 23 • Fax: (340) 772-0589

INDIVIDUAL VOLUNTEER APPLICATION

Email completed application to: volunteering@lssvi.org Questions? Call 340-772-4099 ext. 23

GOVERNMENT-ISSUED PHOTO ID MUST ACCOMPANY VOLUNTEER APPLICATION.

Legal Name

(As it appears on drivers license/passport) _____

Mailing Address _____

City, State/Territory, Zip code _____

Email _____ Cell Phone# _____

Other Phone# _____ Male Female Age: _____

Emergency Contact _____ Phone# _____

Relationship to you _____ Email _____

Is this required community service? YES NO If yes, deadline date: _____

• Type of community service Academic Court Required # of hours _____

Other: _____

Court-ordered offense: _____

Note: Volunteer opportunities may not be available for certain felony convictions/misdemeanors.

SECTION 2

• What population would you most like to work with? (check all that apply)

Administration Adults with disabilities Children Children with disabilities Seniors

• Are there any populations you would NOT feel comfortable working with? YES NO

If yes, please check all that apply:

Administration Adults with disabilities Children Children with disabilities Seniors

• What date are you available to begin? _____ • What days/times are you available?

Monday Start Time: _____ End Time: _____

Tuesday Start Time: _____ End Time: _____

Wednesday Start Time: _____ End Time: _____

Thursday Start Time: _____ End Time: _____

Friday Start Time: _____ End Time: _____

Saturday Start Time: _____ End Time: _____

Sunday Start Time: _____ End Time: _____

Why do you want to volunteer with us?

What type of volunteer work would you like to do?

What are your interests and hobbies?

What skills, training, or knowledge do you have to share with our agency and/or clients?

Do you have any physical limitations or are you under any course of treatment which might limit your ability to perform certain types of work?

YES NO If yes, please describe limitations.

SECTION 3

All answers must be complete and detailed to process application. Attach additional documentation if necessary. If any information is omitted your application will be denied.

Have you ever been convicted of a criminal offense (misdemeanor or felony)?

YES NO

If yes, list date(s), count and state of each conviction and fully explain nature of crime:

Are you on probation for any reason?

YES NO

If yes, please explain.

Do you have any pending criminal charges filed against you?

YES NO

If yes, please explain.

Media Release

I fully authorize Lutheran Social Services of the Virgin Islands, Inc. (LSSVI) to publish photographs taken of me, and my name and likeness, for use in LSSVI's print, online and video-based marketing materials, as well as other LSSVI publications. I hereby release and hold harmless LSSVI from any reasonable expectation of privacy or confidentiality associated with the images specified above. I further acknowledge that my participation is voluntary and that I waive financial compensation of any type in association with the taking or publication of these photographs or participation in company marketing materials or other LSSVI marketing materials or other LSSVI publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release LSSVI, its contractors, its employees, and any third parties involved in the creation or publication of marketing materials, from liability for any claims by me or any third party in connection with my participation.

Please choose from the following options and initial appropriately:

_____ **I authorize the release of information as indicated above.**

(Initial above)

_____ **I DO NOT authorize the release of information as indicated above.**

(Initial above)

I understand that as a volunteer of Lutheran Social Services of the Virgin Islands (LSSVI), I am in agreement with the following:

1. I am willing to perform various functions at my discretion; I understand that I am not expected or required to perform these functions and can stop at any time;
2. I do not expect to receive any compensation or benefits from my efforts from LSSVI;
3. I acknowledge that I am not an employee of LSSVI (or any affiliate of LSSVI);
4. LSSVI or any resident benefiting from my service has the right to discontinue my volunteer services at their discretion;
5. I will be required to submit to a background check conducted by LSSVI via the Dru Sjodin National Sex Offender Public Website (www.nspow.gov). I understand that eligibility decisions may be based upon information LSSVI obtains through said check.
6. I understand that as a volunteer of LSSVI, I must provide my own automobile and health insurance.
7. I agree not to hold LSSVI or any of its staff, associates, residents, clients, or management liable for any physical, emotional, or personal property damage that are a direct or indirect result of activities involved in this volunteer placement. This includes any and all activities I chose to perform as a volunteer.
8. I have read this agency's policies and procedures, and agree to act in accordance with them while volunteering at this agency.

I certify that the above information provided on this form is true and correct.

Volunteer signature

Date

Parent signature (Required if under 18)

Date

THE INFORMATION ABOVE IS VALID FOR 180 DAYS FROM DATE SIGNED.



Volunteer Confidentiality Policy

I, _____ (print name), agree that I will comply with the following Confidentiality Policy:

Lutheran Social Services of the Virgin Islands (LSSVI) volunteers and interns may not disclose any confidential or proprietary LSSVI information in any form, except within LSSVI as needed to carry out his or her responsibilities and otherwise as approved by his or her LSSVI supervisor. Confidential information includes, but is not limited to, any information concerning LSSVI clients or individual LSSVI employees and may be in the form of electronic or paper records, or information obtained or disclosed in any other format, such as in person meetings. Such prohibited disclosure includes, but is not limited to, posting on social media sites.

To break this confidentiality agreement will result in immediate dismissal and could result in possible legal action.

Signature

Date