



# Volunteer Application

*Neighbors Helping Neighbors*

**A little about Life Solutions:** Life Solutions' mission is to serve the needs of our community. We are a 100% volunteer based nonprofit organization that primarily provides food and emergency services to those in need in our community. We operate many seasonal activities. We accept donations from the community and sell them at our Treasure Store to raise funds to help operate and maintain our services. Our volunteers enjoy doing their tasks and have fun working with each other. Our service area is from the north side of Ridge Road to Lake Ontario and from the west side of Sweden Walker Road to the east side of Redman Road. **Thank you for considering joining us.**

## VOLUNTEER INFORMATION

Name: \_\_\_\_\_ Birthdate\*: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_ Select One:  Cell  Home  Business  
Do you Text? Yes \_\_\_ No \_\_\_

Email: \_\_\_\_\_

Address Street City, State and Zip: \_\_\_\_\_

\* Birthdate is requested in order to expedite our background checking process. If you are under 18, please note that an underage waiver must be signed by your parent or guardian prior to volunteering.

## EMERGENCY CONTACT

Who should we notify in case of an emergency?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## POSITION INTEREST

What are you looking for in a volunteer experience? Are you interested in any specific area?

Why would you like to volunteer with Life Solutions?

Briefly describe when you would be available to volunteer and the number of hours per month you would be willing to volunteer and any schedule restrictions: \_\_\_\_\_

Occupation (Past occupation, if retired or you may provide a resume):

Other information that will help us make a good match (such as education, general interests/hobbies)

What are some skills or experiences that you would like to contribute and/or gain?

Languages Spoken: \_\_\_\_\_

## REFERENCES

References are contacted to help determine appropriate and rewarding volunteer positions, and in any case where a volunteer is working with children and/or vulnerable adults. Work, volunteer, school or personal references (excluding family members or spouse/partners) are acceptable.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**AUTHORIZATION (required)** \_\_\_\_\_ (Initial) Authorization

I certify that the answers given in this application are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references and to conduct a background check. I understand that this application is not, and is not intended, to be a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Life Solutions.

**CONFIDENTIALITY AGREEMENT (required)** \_\_\_\_\_ (Initial) Confidentiality Agreement

In signing this agreement, I acknowledge that I must ensure confidentiality and privacy with regard to history, records and discussions about the people we serve. I will not disclose any information about a person, including the fact that the person is or is not served by the organization, to anyone outside of this organization unless authorized by the Director or other authorized personnel. All records will also remain confidential and will not be released to anyone without a signed release from the Pantry Customer. I understand that confidentiality must be maintained in all programs, departments, functions and activities of Life Solutions. I understand and agree that in the performance of my duties as a volunteer of Life Solutions, I must hold information regarding Pantry Customers and volunteers in the strictest confidence.

Further, I understand that confidentiality is protected by Federal law (42CF R Part II and Uniform Health Care Information Act) and that any intentional or involuntary violation of the confidentiality with regard to Pantry Customers and/or volunteers may result in disciplinary action including suspension and/or termination.

**LIABILITY RELEASE (required)** \_\_\_\_\_ (Initial) Liability Release

I understand that Life Solutions doesn't hold insurance on volunteers and is not responsible for any injury or mishap you may have while volunteering. I hereby release, indemnify and hold harmless Life Solutions, its officers, directors and employees, and the organizers, sponsors and coordinators of all Life Solutions activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Life Solutions.

Volunteer signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Life Solutions keeps intake information confidential and does not share personal information with any outside entities. Your contact information is used only to keep you updated on Life Solutions's activities and opportunities. If you have any questions, please contact our **Volunteer Coordinators** at [Volunteer.Coordinators@lifesolutionshamlin.org](mailto:Volunteer.Coordinators@lifesolutionshamlin.org).

**Please send or email your completed application to:**

Volunteer Coordinators  
Life Solutions of Hamlin, Inc  
PO Box 160  
Hamlin, NY 14464  
or  
[leeann.dunn@lifesolutionshamlin.org](mailto:leeann.dunn@lifesolutionshamlin.org)