

Rainbow House
Emergency Shelter and Child Advocacy Center

Volunteer Application

1611 Towne Drive, Columbia, MO 65202

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Personal Data

Full Name: _____	SSN# _____	
Address: _____		
City: _____	State: _____	Zip Code: _____
Home Phone: _____	Work Phone: _____	
E-mail Address: _____		

1. Why do you wish to help us at the Rainbow House?

2. What kind of children do you think you will meet here? _____

3. What one behavior will you find it hardest to deal with, or be most uncomfortable around? _____

4. Describe the family in which you grew up. _____

5. What is the goal of discipline? _____

6. What kind of person would abuse a child? _____

Education

SCHOOL ATTENDED	Name and Location (city/state)	<u>Highest Level Completed</u>	Course of Study/Major	Degree (y/n)
High School				
College				
Graduate School				

Employment History:

Please list all employment for the past five years.

Name of employer: _____ Supervisor's Name/Title: _____ Complete Mailing Address: _____ Phone: _____ Dates of Employment (month/year): FROM: _____ TO: _____ Salary: _____ Title/Position Held: _____ Duties: _____ _____ Reason for Leaving: _____

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Please provide three (3) personal references:

1.) _____
Name Address

City/State/Zip Code Phone

2.) _____
Name Address

City/State/Zip Code Phone

3.) _____
Name Address

City/State/Zip Code Phone

Please Read Carefully and Sign:

I hereby certify that the information provided on this employment application and accompanying resume, if any, is true and complete. I understand that any misrepresentation or omission of facts in the application or resume will be cause for rejection of this application or dismissal after employment and that employment is subject to verification of references, record searches, and satisfactory completion of a probationary period.

I understand that this application and any Rainbow House document is not a contract of employment. If employed by Rainbow House, I understand that such employment is at will and that either the Agency or I may terminate the employment relationship for any reason at any time.

I hereby authorize Rainbow House to check my educational, personal, and employment references to release all information they have about me to Rainbow House. I understand that a physical exam and background checks must be cleared for employment at Rainbow House.

Signature Date

Rainbow House is an Equal Opportunity Employer and will not limit or exclude any application from consideration because of his/her race, color, religion, national origin, ancestry, age, marital status, disability, or other factors protected by law.¹

Availability

- We ask that you place a mark in the boxes in which you are able to volunteer. In addition to marking your availability, please note the total number of hours you wish to volunteer.
- We would prefer for a volunteer to choose time slots in which he or she could consistently be at Rainbow House each week.

<u>Shifts</u>	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
9am-1pm							
1pm-5pm							
5pm-9pm							

TOTAL HOURS A WEEK YOU ARE WISHING TO VOLUNTEER _____

ARE YOU VOLUNTEERING FOR A CLASS? YES _____ NO _____

IF YES, PLEASE NOTE THE TOTAL HOURS THAT YOU ARE REQUIRED TO VOLUNTEER _____

RAINBOW HOUSE
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CONFIDENTIALITY STATEMENT

I understand and agree that information concerning Rainbow House, its employees, volunteers, board members and clients is confidential and is to be treated as such. I acknowledge and agree that I will not divulge or breach any confidences concerning Rainbow House and the clients served.

As a staff member , I will inform clients of the agency policy regarding confidentiality. I understand that clients may give permission through a release of information for other persons or agencies to see their records. I acknowledge that minors do not have the authority to disclose their own records. I understand that staff and professional consultants will have access only to records with which they are professionally involved. I agree that I will release information only to authorized personnel of Rainbow House unless otherwise authorized by state and federal laws.

As a board member, volunteer, or intern, I will adhere to confidentiality for all clients and refer all requests for information to staff.

I understand and agree that client records will be kept in a secure and confidential place and will be in a locked file when not in use.

I acknowledge and agree that the confidentiality for Rainbow House and its clients will be maintained after termination of my employment.

I further acknowledge and understand that if I breach this promise of confidentiality, my employment, internship, or volunteer service may be terminated, and I may be held liable for damages.

Signature: _____

Position: _____

Date: _____

Medical Release Form

I do hereby release Rainbow House, Child Abuse and Neglect Emergency Shelter, Inc., its successors and assigns, and its employees, agents and servants of all claims, suits, or damages which may arise as a result of any accident which may occur while I am on the property owned, leased, or under the control of the above, I understand that Rainbow House, Child Abuse and Neglect Emergency Shelter, Inc., do NOT have any medical or accident insurance which will cover any costs incurred by me in the event of an accident. I understand that I should provide my own medical and/or accident insurance and coverage.

In witness thereof, I have executed the release on the ____ day of _____, 20____.

Signature _____

Witness _____

Executive Director _____