

sonder

SOLUTIONS

Volunteer Application

		Date:
Last Name:	First Name:	Birth date:

Indicate by checkmark your preferred location, email or phone for sonder SOLUTIONS to contact you	
<input type="checkbox"/> Home	<input type="checkbox"/> Work
Complete Address:	Employer:
Phone:	Complete Address:
Cell Phone:	Phone:
Email:	Email:

Organization/Affiliation (if applicable):			
Organization Contact :		Phone:	

Emergency Contact		Relationship:
Name:		Phone:

Skills and Interests	
Education Background:	
Occupation:	
Hobbies:	
Skills:	
Interests:	
Previous Volunteer Experience:	

Preferences in Volunteering	
Is there a particular type of volunteer work in which you are interested? (check all that apply)	
<input type="checkbox"/> Working directly with adult participants	<input type="checkbox"/> Helping with community awareness activities
<input type="checkbox"/> Clerical and Office duties	<input type="checkbox"/> Working occasionally on group projects
<input type="checkbox"/> Working directly with transition-age youth	<input type="checkbox"/> Photography Services
<input type="checkbox"/> Helping with fundraising activities	<input type="checkbox"/> Mentoring and Coaching
<input type="checkbox"/> No preference	
<input type="checkbox"/> Other:	

Availability

At what times are you interested in volunteering? (check all that apply)

Flexible

Weekday morning

Weekday afternoon

Weekday evening

Weekends

Background Verification

Have you ever been convicted of a criminal offence?

NOTE: Do not respond concerning the following: arrests or detentions that did not result in conviction; referrals to, and participation in, any pretrial or post-trial diversion program; marijuana-related convictions more than two years old; convictions for which the record has been judicially-ordered sealed, dismissed, expunged, or statutorily irradiated; and misdemeanor convictions for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed. Answering "yes" to this question does not necessarily mean that your application for volunteerism will be denied.

Yes

No

Have you ever been charged with neglect, abuse or assault?

Yes

No

Has your driver's license ever been suspended or revoked in any state?

Yes

No

Do you use illegal drugs?

Yes

No

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 so, please explain:

References (non-family members)

Name:

Phone:

Address:

Email:

Name:

Phone:

Address:

Email:

Public Awareness

How did you hear about us?

Job description

Advertisement / Social Media

Referred by a friend/volunteer

From agency

Other:

Would you like to receive volunteer opportunities periodically through your email address?

VOLUNTEER APPLICANT STATEMENT

With the submission of this application, you understand and commit to the following:

- You are required to abide by all rules, regulations, and standards of sonder SOLUTIONS.
- You understand that volunteering with sonder SOLUTIONS is "at-will." This means your volunteering is not for any specific period of time and can be terminated by you at any time for any reason. Likewise, sonder SOLUTIONS may terminate this relationship at any time, with or without cause or advance notice. In addition, sonder SOLUTIONS reserves the right to modify your volunteer position to meet business needs.

VOLUNTEER CONFIDENTIALITY AND RELEASE OF LIABILITY AGREEMENT

Our liability insurance policy requires that we have an accurate record of all volunteers and that all volunteers agree to release sonder SOLUTIONS from all liability while volunteering with our organization.

This Release and Waiver of Liability (the "Release") executed on this date by (name) _____, the "Volunteer." The Volunteer desires to volunteer for sonder SOLUTIONS (the "Agency") and to engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include labor-intensive activities at sonder SOLUTIONS. The Volunteer hereby freely, voluntarily, and without duress executes this Confidentiality Agreement and Release under the following terms:

Release and Waiver: I do hereby release and discharge and hold harmless the Agency and its stakeholders and/or successors and assigns from all liability, claims, and demands of any nature, which arise or may hereafter arise from my Activities with the Agency with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my Activities with the Agency. I also understand that the Agency does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance/coverage in the event of injury or illness.

Assumption of Risk: I understand that the Activities may include work that may be hazardous to me, including, but not limited to, construction, loading and unloading, and transportation to and from different locations. I hereby expressly and specifically assume the risk of injury or harm in my Activities and release the Agency from all liability for injury, illness, death, or property damage resulting from the Activities.

Insurance: The Agency maintains volunteer accident insurance which may provide some coverage to the volunteer should a volunteer be injured or become ill while performing the volunteer Activities for the Agency. However, the Agency does not carry or maintain health insurance for any volunteer.

Photographic Release: I do hereby grant and convey unto the Agency all rights, title, and interest in any and all photographic images and video or audio recordings made by the Agency during my Activities with the Agency, including, but not limited to, royalties, proceeds, or other benefits derived from such photographs or recordings.

Confidentiality: I agree that any information that is not generally known to the public to which I have been or will be exposed as a result of my volunteer work at the Agency is confidential information that belongs to the Agency including, but not limited to, information developed by me (alone or with others) or entrusted to the Agency by others (Agency clients or others). I will hold the Agency's confidential information in strict confidence and not disclose or use it except as authorized by the Agency and for the Agency's benefit. I understand if anyone tries to compel me to disclose any of the Agency's confidential information, by subpoena or otherwise, I will immediately notify the Agency so that the Agency may take any actions it deems necessary to protect its interests. I agree to protect the Agency's confidential information while I am a volunteer at the Agency and after my volunteer work at the Agency ends.

The Agency's confidential information includes, without limitation, information related to financial and marketing matters; research and development; employees, participants, business partners, interns and volunteers; and any other information deemed as confidential by the Agency.

Arbitration: As a volunteer of sonder SOLUTIONS, I agree that any dispute or claim that arises out of or that relates to volunteering with the Agency, including tort and/or harassment claims, shall be resolved by arbitration in accordance with the then effective commercial arbitration rules of the American Arbitration Association by filing a claim in accordance with the filing rules of the American Arbitration Association and judgment on the award rendered pursuant to such arbitration may be entered in any court having jurisdiction thereof.

Materials: I will safeguard and return to the Agency when my volunteer assignment ends, or sooner if the Agency requests, all documents and property in my care, custody, or control relating to my volunteer work or the Agency's business, including without limitation any documents that contain the Agency's confidential information.

Miscellaneous: In any lawsuit arising from this agreement and/or my volunteering, including any alleged torts and/or statutory violation, the prevailing party shall recover their reasonable cost and attorney fees, including appeals. The laws of the State of California shall govern this agreement without giving effect to provisions thereof related to choice of laws or conflict laws. Venue and jurisdiction of any lawsuit involving this agreement or my volunteer work shall exist exclusively in state and federal courts in Sacramento, El Dorado, and Placer counties, unless injunctive relief is sought by the Agency and, in the Agency's judgment may not be effective unless obtained in some other venue. If any part of this agreement is held to be unenforceable, it shall not affect any other part.

- I certify that answers given herein are true and complete, and all answers and statements in this Volunteer Application are complete and true.
- If selected as a volunteer, I understand that any discovery of falsification of information on this application or my resume, during my service as a volunteer, may be cause for termination of my volunteer status by the Agency.

Printed Name: _____

Date: _____

Signature: _____

FOR STAFF USE ONLY: *As a staff member of sonder SOLUTIONS, I have verified that this application is complete.*

Printed Name: _____

Signature: _____

Date: _____

Thank you for your time in completing this form and for your interest in sonder SOLUTIONS!! Volunteers are critical partners in our efforts to build a stigma-free culture of hope and resilience, while offering effective, quality services.

Please complete this Agreement (include resume, if possible) and submit the completed form by email, fax, or mail to Andrea Fournier, Executive Director

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Rancho Cordova, CA 95742
(916) 249-0203 Ext. 2 Fax (916) 249-3020 Email: afournier@sondersolutions.org