



THE ELI HOME

www.elihome.org

(714) 300-0600 – Office

(714) 300-0665 - Fax

VOLUNTEER APPLICATION

Full Name: _____ Date of Birth _____

Address: _____ City: _____ Zip _____

Cell #: _____ CA DL/ID# _____

Email Address: _____

Previous Address: _____

Marital Status: Married Single Divorced Widowed

Occupation: _____ Employer/School: _____

Educational Background: _____

Personal References: 1.Name & Phone: _____

2.Name & Phone: _____

Past Volunteer Experience: _____

**If you are required to complete volunteer hours for school or court ordered, please indicate:*

Total # of hours that need to be completed: _____ Deadline: _____

In Case of Emergency Contact: _____

Address: _____ Phone: _____

Volunteer Signature: _____ Date: _____

THE ELI HOME

AVAILABILITY & INVOLVEMENT OPPORTUNITIES

NAME _____

DATE _____

PHONE (M) _____

EMAIL: _____

CHURCH AFFILIATION If ANY _____

I am available to start on ____/____/____ I am looking to donate _____ hours per week.

Please Complete the Following:

I am available to Volunteer:

- Monday ____AM to ____PM Tuesday ____AM to ____PM
 Wednesday ____AM to ____PM Thursday ____AM to ____PM
 Friday ____AM to ____PM Saturday ____AM to ____PM
 Sunday ____AM to ____PM

Please review areas of need for volunteer services listed below. Check service(s) where you would be interested in helping.

Complete form and return it to the Eli Home office. Eli Home's Volunteer Coordinator will contact you after reviewing your

Involvement Opportunities form. Thank you for your interest in giving time to The Eli Home for Abused Children.

__ Steering committee at my church

__ Financial supporter of Eli Home

__ Serving on Board of Directors

__ Clerical Help (minimum 4 hrs/wk)

__ filing __ data entry

__ phone calls __ printing

__ Help at Eli Store

__ sorting merchandise

__ general cleaning

__ pick up donations

__ Home Maintenance

__ handyman

__ painting

__ carpentry

__ window cleaning

__ yard work

__ Fundraising

__ Serve on Event Committee

__ Solicit donations

__ Grant writing

__ Christmas

__ gift wrapping

__ help at party

__ Adopt wish lists

__ Toy donation

__ Party Planning

__ Holiday Parties

__ Valentine's Day

__ St. Patrick's Day

__ Easter

__ Mother's Day

__ 4th Of July

__ Halloween

__ Thanksgiving

__ Christmas

__ Birthday Celebrations

__ Birthday Cake

__ party supplies (plates, cups,
décor)

__ gifts

__ Family Awards Celebration

__ January/February

__ April/May

__ July/August

__ October/November

**__ Help supervise children during
mom's classes**

List other talents that you would like to donate: _____



THE ELI HOME

CODE OF ETHICS & CONFIDENTIALITY FOR THE ELI HOME, INC.

As a volunteer of The Eli Home, I realize I am subject to a code of ethics. These ethics bind professionals and volunteers in the field and follow:

1. I agree not to divulge the location of The Eli Home shelter in Orange County.
2. I agree not to divulge any information obtained in the course of my involvement The Eli Home and its programs to unauthorized persons, and not to publish or otherwise make public any information regarding persons who received services such that the person who received services is identifiable. I will keep matters discussed among clients, personnel, and myself confidential. I will not read the client file.
3. I shall assume my volunteer responsibilities and expect to account for what I do.
4. I interpret volunteer to mean that I have agreed to do work without compensation in money.
5. I promise to take to my work an attitude of open-mindedness; to be willing to be trained; and to bring interest, enthusiasm, and attention to my job assignment.
6. I believe I have an obligation to my work, to those who direct it, to my colleagues, to those for whom it's done, and to the public.
7. I agree to follow through with the commitments I have made.
8. I will maintain the dignity and the integrity of The Eli Home with the public.

I have received, read and agree to adhere to the Code of Ethics and Confidentiality for The Eli Home volunteers. I recognize that the unauthorized release of Confidential information may make me subject to civil action under provisions of the Welfare and Institutions Code.

Signature: _____

Date: _____



THE ELI HOME

BACKGROUND AUTHORIZATION TO RELEASE INFORMATION

DISCLOSURE - Must be a clear and conspicuous written disclosure to the consumer before the report is obtained, in a document that consists solely of the disclosure. Sample language is shown below:

As part of our volunteer background and investigation, we may obtain criminal reports. It includes criminal history reports before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Criminal Back Ground Check.

I, _____
 Last Name First Name Middle Name

 Current Address Dates Lived Here

 Addresses for the Past Seven Years: (include street, city, state, zip code) Dates of Residence:

 Date of Birth Other Names Used (including maiden name) Years Used

 Social Security Number Driver's License # State

 Email address (may be used for official correspondence)

do hereby authorize verification of all information in my volunteer application from all sources of criminal history, personal character, and or any part thereof, and authorize any duly authorized agent of **IntelliCorp Records, Inc** to obtain, whether the said records are public or private, and including those which may be deemed to be privileged or confidential in nature and I release all persons from liability on account of such disclosures. Information appearing on this Authorization will be used exclusively by **IntelliCorp Records, Inc** for identification purposes and for the release information which will be considered in determining any suitability for volunteering. I certify that I have made true, correct, and complete answers and statements on my volunteer application, any supplements to it and in any interview in the knowledge that they will be relied upon in considering my application for volunteering. I agree to provide additional information that may be requested to process my volunteer application. I authorize without reservation, any party or agency contacted by **IntelliCorp Records, Inc** to furnish the above-mentioned information. This authorization is valid during the course of my service to the extent permitted by law.

I have the right to make a request to **IntelliCorp Records, Inc**, upon proper identification, to request the nature and substance of all information in its files on me at the time of my request, including sources of information, and the recipients of any reports on me which **IntelliCorp Records, Inc** has previously furnished within the two year period preceding my request.

I understand and agree that any omission, false statement, misleading statement, or answer made by me on my application or any supplements to it and in any interviews will be sufficient grounds for rejection of employment and my discharge after employment.

 Printed Name Applicant Signature Date

DISCLAIMER: THIS FORM IS NOT MEANT TO PROVIDE LEGAL ADVICE OF ANY KIND. LEGAL ADVICE SHOULD BE SOUGHT FROM YOUR ATTORNEY. WE MAKE NO CLAIMS, PROMISES OR GUARANTEES ABOUT THE ACCURACY, COMPLETENESS, OR ADEQUACY OF THE INFORMATION CONTAINED HEREIN. WE MAKE NO WARRANTY THAT THIS FORM IS APPROPRIATE FOR YOUR PARTICULAR NEEDS.