



**THURMAN BRISBEN CENTER**

**TBC**

**Post Office Box 1295 \* Fredericksburg, VA 22402**

**The House that Love Built**

**Volunteer Application**

Thank you for expressing your interest in volunteering for TBC. Please complete the following volunteer application, mail it back to us, and we will call you as soon as possible.

Name: \_\_\_\_\_ SS#: \_\_\_\_\_

Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact #'s: (Home Phone) \_\_\_\_\_ (Work Phone) \_\_\_\_\_

E-mail: \_\_\_\_\_

At which place do you prefer to receive calls? \_\_\_\_\_

What interests you about volunteering for TBC? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Areas of interest***

- |                                                        |                                                             |
|--------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Activities & Special Events   | <input type="checkbox"/> Administrative & Office Assistance |
| <input type="checkbox"/> Donation Maintenance          | <input type="checkbox"/> Fund Raising                       |
| <input type="checkbox"/> Facility Maintenance          | <input type="checkbox"/> Volunteer Coordination             |
| <input type="checkbox"/> Children                      | <input type="checkbox"/> Adults                             |
| <input type="checkbox"/> Other (please describe) _____ |                                                             |

***Availability***

Please indicate two or three days and times that you might be available to volunteer.

*Please keep in mind that our busiest times are in the evenings and on weekends.*

Monday	From: _____	To: _____
Tuesday	From: _____	To: _____
Wednesday	From: _____	To: _____
Thursday	From: _____	To: _____
Friday	From: _____	To: _____
Saturday	From: _____	To: _____
Sunday	From: _____	To: _____

Do you need to receive credit for hours worked?  Yes  No

To whom do you report these hours? \_\_\_\_\_

Education: Have you completed any college or other special training?  Yes  No

If so, please specify: \_\_\_\_\_

Volunteer Experience: If applicable, please list the names of organizations, dates and duties of any volunteer positions you have held. (No experience is necessary to volunteer at TBC). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Community activities, hobbies, interests: \_\_\_\_\_

Person to notify in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Have you ever been arrested?  Yes  No

If yes, please explain: \_\_\_\_\_

I have provided truthful, accurate, and complete information. My signature below indicates that I understand that TBC may examine employment, law enforcement and/or any other information provided by me to determine suitability as a volunteer. I understand and agree that I am not obligated to volunteer if approved. All of the information submitted by me will be treated confidentially as governed by TBC policy.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Thurman Brisben Center**  
**DRUG FREE WORKPLACE**  
**NOTICE TO ALL AFFILIATES**

*Thurman Brisben Center is firmly committed to maintaining a safe, healthful, secure, productive and drug-free workplace for all employees. Employees and volunteers are prohibited from engaging in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance in the workplace. Violation of this rule will subject the employee/volunteer to appropriate adverse personnel action up to and including termination. Violators may also be required to participate in an approved employee assistance program of rehabilitation.*

*Employees/volunteers must notify Thurman Brisben Center immediately (and in no event more than 3 days) after their conviction (or pleas of guilty or no contest) on a charge under any criminal status involving the manufacture, distribution, dispensation, use or possession of any controlled substance.*

*The use of alcohol is strictly prohibited on the facility grounds. No employee/volunteer may come to their scheduled shift with a BAC above .000.*

*Compliance with this policy statement is a condition of employment on federal contracts of a value of \$25,000 or more.*

*Compliance with this policy statement is a condition of employment on projects funded by federal grants.*

*I, \_\_\_\_\_, declare that I have read the foregoing statement and that I understand and agree by its terms.*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Thurman Brisben Center**

**CONFIDENTIALITY AGREEMENT**

I, \_\_\_\_\_, understand that in the course of my work with the Thurman Brisben Center, I may learn of certain facts about individuals being served by the Shelter that are of a highly personal and confidential nature. Examples of such information are: reason for homelessness, medical condition and treatment, finances, living arrangements, substance abuse history, employment, sexual orientation, relationships with family members and others.

I understand that all such information must be treated as completely confidential, and that any breach of confidentiality concerning residents may result in my dismissal from Thurman Brisben Center. I agree not to disclose any information of a personal and confidential nature to any person not affiliated with Thurman Brisben Center and authorized by Thurman Brisben executive staff to have such information without the specific documented consent of the individual to whom such information pertains. I also understand that similar information learned about other Thurman Brisben Center volunteers and/or staff is also treated as confidential.

I agree to talk to appropriate staff members in any situation in which I have questions about confidentiality and/or my possible violation of such confidentiality.

I agree that after my working relationship with Thurman Brisben Center is complete, I will continue to honor the confidentiality of those individuals I have become aware of and not disclose information about them.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*

## **CONFLICT OF INTEREST PROVISIONS**

As noted in 24 CFR 570.611, except for the use of funds to pay salaries and other related administrative or personnel costs, employees, volunteers, agents, consultants, officers, and elected and appointed officials of subrecipient organizations who exercise, or have exercised, any functions or responsibilities with respect to assisted activities, or who are in a position to participate in a decision making process or gain inside information with regard to activities, are prohibited from obtaining a personal or financial interest or benefit from an assisted activity, and from having an interest in any contract, subcontract, or agreement relating to an assisted activity, or an interest in any resulting proceeds, either for themselves or those with whom they have family or business ties, during their tenure or for one year thereafter.

Residents and SITES Volunteers are considered an assisted activity.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Position**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Date**