



101 S. Huron St.
Ypsilanti, MI 48197
(734) 485-8730
info@soscs.org

Volunteer and Intern Application

Thank you for your interest in volunteering at SOS Community Services! We appreciate your services and will do our best to ensure that your experience is rewarding.

First Name Last Name

Date of Birth Preferred Pronouns
 He/Him She/Her They/Them Other

Address

City State Zip

Email Phone Add to On-Call List?
 Yes No

Emergency Contact Name Relation to Intern/Volunteer

Emergency Contact Email Emergency Contact Phone

What type of volunteer work interests you? *Select or circle as many as you like.*
Descriptions of the following opportunities are available at www.soscs.org.

- Admin Assistant Children’s Services Facilities Food Pantry
 Hosting a Drive Housing/Shelter Restock Special Events

Other: _____

Please answer the following questions. *Select or circle all that apply.*

Any answer to the following questions does not exclude you from volunteering with us.

- Can you repeatedly lift and/or move up to 50lbs, or make repetitive motions? Yes No
Can you sit, stand, or walk continuously for up to three (3) hours? Yes No
Do you have reliable transportation? Yes No
Do you have cultural or religious requirements or restrictions of any kind? Yes* No

*Please explain: _____

***Please do not detach any page from this packet.
All pages must remain intact to be considered complete.***



Volunteer and Intern Application

Reason for volunteering: _____

If court-ordered, please answer the following:

What was the offense?

Probation Officer's Name PO's Phone

Education

Select or circle highest completed

- <Grade 12
- HS Diploma or GED
- Some College
- Undergraduate Degree
- Graduate Degree

If currently in school:

Name of school: _____
Expected graduation date: _____

Referral Source

Select or circle all that apply

- TV/Radio
- Newspaper
- Friend/Relative
- Flyer/Brochure
- Website
- School
- Name of school: _____
- Social Media: Facebook Twitter
- Other: _____

Background and Experience

Are you currently receiving or have you ever received services from SOS? No Yes When: _____

Have you ever volunteered before? No Yes Where: _____

Are you currently employed? No Yes Employer: _____

Other special skills, languages, or interests?

Anything else we should know?



101 S. Huron St.
Ypsilanti, MI 48197
(734) 485-8730
info@soscs.org

Volunteer and Intern Application

Confidentiality Agreement

I understand that, as a volunteer at SOS Community Services, what is observed and expressed related to the individuals, families, and children requesting services or participating in any of our programs is private and privileged information. This information shall not be disclosed to any third party who is not a member of the SOS staff without the written consent of the individual or family.

I understand that what is viewed on our database or in our files relating to donors, volunteers, or consumers associated with SOS is private and privileged information. This information shall not be shared with anyone who is not a member of the SOS staff without the written consent of the donor, volunteer, or consumer.

I understand both the formal and informal confidentiality policies that were presented and discussed in training. I cannot give out any information related to consumers that I meet and work with at SOS without the written consent of the consumer, volunteer, staff, or donor. I also agree not to release any child to any person other than SOS personnel without appropriate written permission from the parent or guardian, or permission from the SOS staff person in charge of the program.

I agree to maintain this information within the confines of the SOS staff team and to discuss any concerns related to confidentiality with the designated SOS staff member.

I, the undersigned, agree and acknowledge that I have read, understand, and fully intend to follow the SOS Community Services policies regarding confidentiality.

First and Last Name

Signature

Date

***Please do not detach any page from this packet.
All pages must remain intact to be considered complete.***



101 S. Huron St.
Ypsilanti, MI 48197
(734) 485-8730
info@soscs.org

Volunteer and Intern Application

Image Release

I hereby grant SOS Community Services and its agents permission to use photographic portraits, pictures, digital images or videotapes of me, or in which I may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any publication or on its websites, without payment or any other consideration.

I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein my likeness appears, or the use to which it may be applied.

On behalf of myself, my heirs, representatives, executors, and assigns, I hereby release, discharge, and agree to indemnify and hold harmless SOS Community Services and its agents from all claims, demands, and causes of action that I have or may have by reason of this authorization, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said photos or videotapes, or in processing tending towards the completion of the finished product.

THIS IS A RELEASE OF LEGAL RIGHTS. READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.

First and Last Name

Signature

Date

I am 18 years old or older.

If the person signing is under the age of 18, a parent or guardian must consent to the following:

I hereby certify that I am the parent or guardian of _____, named above, and do hereby give my consent without reservation to the foregoing on behalf of the person named above.

Parent/Guardian First and Last Name

Relation to Volunteer

Parent/Guardian Signature

Date

***Please do not detach any page from this packet.
All pages must remain intact to be considered complete.***



101 S. Huron St.
 Ypsilanti, MI 48197
 (734) 485-8730
 info@soscs.org

Volunteer and Intern Application

Background Check Authorization

Legal Last Name:	Legal First:	Middle:
Race:		
<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other		
Legal Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other (Assigned at birth)	Date of birth (MM/DD/YYYY): (___ / ___ / ___)	
Other Name(s) Used:		
** Do you have any past or present charges? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		
Driver's License or State ID: _____ <input type="checkbox"/> Check here if you do not have a Driver's License or State ID card		

I understand that, as a condition of my consideration for volunteering with SOS Community Services, or as a condition of my continued volunteering with SOS Community Services, the agency may obtain a background check.

I hereby authorize and consent to SOS Community Services procurement of such a report.

 Printed Name of Volunteer Application

 Date

 Signature

For Office Use Only	
Staff Name: _____	Date: _____
Reason for Background Check: _____	Department: _____

***Please do not detach any page from this packet.
 All pages must remain intact to be considered complete.***



101 S. Huron St.
Ypsilanti, MI 48197
(734) 485-8730
info@soscs.org

Volunteer and Intern Application

Expectations & Guidelines

As an Intern or Volunteer at SOS, I agree to the following:

- I will commit to Intern/volunteer with SOS Community Services for a **minimum of three (3) months** during which I will complete **at least five (5) hours per month**;
- I will accurately record and submit my volunteer hours;
- I will be present at all shifts I commit to and I will contact my supervisor in the event that I will not be available to work my assigned shift;
- I understand that if my hours are being completed for a program or court requirement, more than one (1) missed shift will cause me to be dismissed from my Intern/volunteer position;
- I understand that if I am a long-term Intern/volunteer, more than three (3) missed shifts will cause me to be dismissed from my position;
- I understand that I am responsible for my personal belongings and that SOS is not responsible for lost or stolen items; I also understand that it is recommended for all valuables to be left at home;
- I will dress appropriately for my role; I understand that Administrative roles require business casual dress and Food Program roles require closed toe shoes; I understand that Interns/Volunteers may not wear revealing or offensive clothing during their shift;
- I will report to a staff member any incident of harassment or endangerment which poses a current or future impact on SOS, its staff, Interns/volunteers, or consumers;
- I will treat all consumers, Interns/volunteers, and staff with kindness, dignity, and respect; I understand that no one will be discriminated against based on race, national origin, gender, sexual orientation, disability, marital status, or any other individual characteristics, and that exhibiting behaviors that demonstrate discrimination is means for immediate dismissal from my position;
- I will participate in the SOS Intern/Volunteer Orientation and subsequent Intern/volunteer trainings as needed;
- I understand that stealing is not tolerated at SOS and will lead to immediate dismissal;
- I understand that Interning/Volunteering under the influence of alcohol or drugs will not be permitted and that smoking is not allowed on SOS property;
- I understand that excessive cell phone use, including texting, is prohibited during volunteer hours;
- I understand that I am not only acting as an Intern/volunteer, but also a representative of SOS Community Services, and I understand that it is never appropriate to form an outside relationship of any kind with any consumer;
- I understand that SOS Interns/volunteers may not receive any services provided by SOS Community Services during the tenure of their Intern/volunteer experience or during the six (6) months prior; I understand that this includes housing, food, utility, employment, children's, and all other SOS services;

***Please do not detach any page from this packet.
All pages must remain intact to be considered complete.***



101 S. Huron St.
Ypsilanti, MI 48197
(734) 485-8730
info@soscs.org

Volunteer and Intern Application

- I understand that a volunteer's immediate family members may not be able to access services provided by SOS during the tenure of my Intern/volunteer experience as to avoid a conflict of interest, and that if specific resources are needed, staff can provide referrals to outside resources that provide similar services.
- I understand that SOS Community Services and its paid staff are released from any and all liability and responsibility for any actions, injury, or illness that may directly or indirectly result from my participation in the program. I understand that by signing this document, I waive the entity listed above from any and all legal claims.

Interns/Volunteers can expect the following from SOS Community Services:

- To be treated with respect, listened to, and encouraged to stand up for what you think and feel while respecting the rights of others.
- To be provided supervision, training, opportunities to give feedback, support, encouragement, and recognition for your time and effort.

I have read and understand the SOS Community Services Intern/Volunteer Agreement. All my questions have been answered and I understand that I will be asked to discontinue Interning/volunteering if I do not follow these requirements. By signing this document, I agree to all terms and conditions listed above.

Signature

Date

For Office Use Only

Volunteer ID: _____

Court-Ordered: N Y PO: _____ PO#: _____

School: N Y Name: _____ Class: _____ Group: _____

Staff Name: _____ Sign: _____ Date: _____

***Please do not detach any page from this packet.
All pages must remain intact to be considered complete.***



101 S. Huron St.
Ypsilanti, MI 48197
(734) 485-8730
info@soscs.org

Volunteer and Intern Application

Youth Parent/Guardian Consent

This Parent/Guardian Consent Form must be filled out for all volunteers under the age of 18.

Please leave blank if not applicable.

In order for your child to become a volunteer with us, we need your consent and involvement in helping them have a productive experience. Please read and sign this parent/guardian consent form if you would like SOS Community Services to continue the process of considering your child as a volunteer.

Name of youth volunteer: _____

Program Site of Service: (Please select or circle below)

Food Pantry & Resource Center
114 N. River Street, Ypsilanti, MI 48197

Administrative Office
101 S. Huron Street, Ypsilanti, MI 48197

Housing/Shelter Properties
Confidential locations in surrounding areas

Other Activity or Event Location
Specified location at time of sign-up

I understand that my child (named above) wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the agency. I understand that my child will be provided with orientation and training necessary for the safe and responsible performance of the duties, and that they will be expected to meet all the requirements of the position, including attendance and adherence to agency policies and procedures. I understand that if my child is under the age of 16, they will need to have an adult chaperone accompany them during their volunteer shifts. I understand that monetary compensation will not be provided to my child or myself for the services contributed.

Parent/Guardian First and Last Name

Relation to Volunteer

Parent/Guardian Signature

Date

***Please do not detach any page from this packet.
All pages must remain intact to be considered complete.***