



# Partnership for Successful Living Volunteer Application

The following organizations are known collectively as the "Partnership for Successful Living" and are referenced as such within:

- Milford Regional Counseling Services, Inc.
- Harbor Homes, Inc.
- Southern New Hampshire HIV/AIDS Task Force, Inc.
- Welcoming Light, Inc.
- Healthy at Home, Inc.
- Greater Nashua Council on Alcoholism, Inc. /Keystone Hall

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

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

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Office/Cellular Phone:** \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

**Birth Date Mo/Day/Yr (yr is optional):** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

<p><b>Emergency Contact Name:</b> _____</p> <p><b>Phone:</b> _____ <b>Relationship:</b> _____</p>
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**Do you have valid medical insurance?**      **Yes:** \_\_\_\_\_      **No:** \_\_\_\_\_

**List any medications, disabilities or health issues or special accommodations related to medical disabilities that we should be aware of in case of a medical emergency:**

\_\_\_\_\_

\_\_\_\_\_

**Have you volunteered with the Partnership for Successful Living before?**

\_\_Yes    \_\_No

\_\_\_\_\_

**If yes, why did you discontinue volunteering with us?**

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**List languages spoken fluently:**

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**Special Skills/ Interests:**

Describe any training, skills, hobbies and/or interests that might be relevant to volunteering at the Partnership for Successful Living (E.g. Certifications, First Aid, painting, public speaking, mentorship, literacy training, medical interpretation, etc.)

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**Availability:**

Indicate the typical days and times you are available to volunteer during the week.

**Circle Days                      List Times Available for Each Day Circled**

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**Monday**                      \_\_\_\_\_

**Tuesday**                      \_\_\_\_\_

**Wednesday**                      \_\_\_\_\_

**Thursday**                      \_\_\_\_\_

**Friday**                      \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

**Education and Employment / Volunteer Experience:**

Please indicate your last completed high school grade, university degree(s), college certificate(s), and programs/courses you are currently enrolled in and/or your current or past volunteering or work experience (e.g. self-employed – electrician/data analyst.)

**Education Experience**

Highest Degree Obtained: \_\_\_\_\_

Professional Certifications Obtained: \_\_\_\_\_

School(s)

Attended: \_\_\_\_\_

\_\_\_\_\_

**Employment Experience**

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Current/Former Employer: \_\_\_\_\_

Current/Former Position Held: \_\_\_\_\_

Was this a management role: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, how many individuals did you manage: \_\_\_\_\_

**Volunteer Experience**

Name of other organizations you volunteer at now or in the past w. dates/time period of service:

\_\_\_\_\_

Volunteer Roles/Job Duties performed:

\_\_\_\_\_

Are you interested in acting as a Volunteer Team Leader: \_\_\_\_\_ Yes \_\_\_\_\_ No

**Do you have a valid driver's license, and if so, are you interested in driving clients to and from appointments: \_\_\_\_\_ Yes \_\_\_\_\_ No**

**References**

**Please provide contact information for 2 character references (not immediate family):**

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

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Relationship: \_\_\_\_\_ Contact Number: \_\_\_\_\_

**Release of Personal Information**

I hereby allow the "Partnership for Successful Living" (including one or more of the following organizations: Harbor Homes, Inc.; Greater Nashua Council on Alcoholism, Inc.; Milford Regional Counseling Services, Inc.; Healthy at Home, Inc.; Southern New Hampshire HIV/AIDS Task Force; Welcoming Light, Inc. ) to perform a State Police criminal record check. I understand that I do not have to agree to this background check, but refusal to do so will exclude me from consideration for a volunteer placement. I extend my permission to the Volunteer Coordinator and or Human Resources Staff to conduct this check.

In addition, I allow the Partnership for Successful Living to contact and verify my character references. I hereby extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and such other information as deemed appropriate.

**Name of Volunteer (printed):** \_\_\_\_\_

I have read and agreed to the conditions as stated under RELEASE of PERSONAL INFORMATION.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Commitment**

I understand that I must commit to a minimum Volunteer Service of 2 months of weekly shifts or the equivalent of 40 hours of service in a shorter amount of time; or I would like to be called for *Special Events/Fundraisers*. I agree to abide by the policies and procedures of the organizations known collectively as “Partnership for Successful Living” as outlined in the Volunteer Handbook.

**Name of Volunteer** (printed): \_\_\_\_\_

I have read and agreed to the conditions as stated under COMMITMENT.

**Signature of Volunteer:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Liability Waiver  
Responsibility**

In consideration of the “Partnership for Successful Living” accepting the registration of (name) \_\_\_\_\_ to participate in the VOLUNTEER PROGRAM, I, my heirs, executors, administrators, and/or assigns hereby release the “Partnership for Successful Living” affiliates organizations, its respective servants, agents or employees from any claims, demands, injury or damage to my person or property incurred while attending at or participating in the VOLUNTEER EXPERIENCE notwithstanding any such loss, injury or damage which may have arisen by reason of negligence of the “Partnership for Successful Living”, its servants, agents or employees. Without limiting the generality of the foregoing, I further release any recourse now or hereafter resulting from any decision made in good faith by the “Partnership for Successful Living”.

**Program Name:** VOLUNTEER PROGRAM

**Name of Volunteer** (printed): \_\_\_\_\_

I have read and agreed to the conditions as stated under LIABILITY WAIVER.

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Photography/Video/Motion Picture Model Release**

**(Optional)**

I hereby transfer to the “Partnership for Successful Living” all rights whatsoever which I have in the photographs, motion picture, and/or or video footage that they or their representatives have taken of me.

I consent to the use of photographs, motion picture, or video footage for all purposes whatsoever (including without limitation: website, television, publication, and/or any trade, advertising usage, or stock sales.)

I also agree to give the “Partnership for Successful Living” all rights to reproduction in any manner whatsoever any recording made by the Partnership for Successful Living of my voice.

**Name of Volunteer** (printed): \_\_\_\_\_

I have read and agreed to the conditions as stated under Photography/Video/Motion Picture Model Release.

**Signature of Volunteer:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Acknowledgement of Receipt of Volunteer Handbook**

*I have received a copy of the Partnership for Successful Living Volunteer Handbook.*

**Signature of Volunteer:** \_\_\_\_\_ **Date** \_\_\_\_\_

## Clients Right Policy

The following organizations are known collectively as the “Partnership for Successful Living” and are referenced as such within:

- Milford Regional Counseling Services, Inc.
- Harbor Homes, Inc.
- Southern New Hampshire HIV/AIDS Task Force, Inc.
- Welcoming Light, Inc.
- Healthy at Home, Inc.
- Greater Nashua Council on Alcoholism, Inc. /Keystone Hall

***As required by law, Clients have the right to:***

Clients are entitled to be treated with courtesy and consideration at all times by staff and volunteers of the Partnership for Successful Living.

Have their personally identifiable health information protected to the extent permitted by law. This includes: name, specific dates - birth, admission, discharge and death, telephone number, Social Security number, medical record number, photographs, address, and other geographic identifiers.

Clients have the right to complain if they think that their privacy rights have been violated.

Clients are entitled to have their questions and concerns addressed in a prompt manner.

Clients have the right to quality and respectful health care regardless of gender, race, social status or sexual preference, taking into account such things as cultural background, health status or special needs.

Clients have the right to confidentiality, including anonymity and considerate care, respecting privacy and dignity, in a safe non-threatening environment.

To have information released only in the following circumstances: when you sign a written release of information, when there is a medical emergency, when a clear and immediate danger to you or to others exists, when there is possible child or elder abuse and/or when ordered by a court of law.

Clients are entitled to know the qualifications of staff that provide them with services.

Clients can consent to or refuse services before they are provided.

Receive timely response to their needs along with reasonable continuity and coordination of care and services.

***I have read the above policies and agree to uphold the rights of the individuals with whom I will be in contact with as a volunteer for the Partnership for Successful Living. I have received a copy of this document for my records.***

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Coordinator

\_\_\_\_\_  
Date

## Confidentiality Policy

The following organizations are known collectively as the “Partnership for Successful Living” and are referenced as such within:

- Milford Regional Counseling Services, Inc.
- Harbor Homes, Inc.
- Southern NH HIV/AIDS Task Force, Inc.
- Welcoming Light, Inc.
- Healthy at Home, Inc.
- Greater Nashua Council on Alcoholism, Inc. /Keystone Hall

It is the policy of the Partnership for Successful Living that volunteers may not disclose, divulge, or make accessible confidential information belonging to, or obtained through their affiliation with the Partnership for Successful Living to any person, including relatives, friends, and business and professional associates, other than to whom the Partnership for Successful Living has authorized disclosure. Volunteers shall use confidential information solely for the purpose of performing services as a volunteer for the Partnership for Successful Living. This policy is not intended to prevent disclosure where disclosure is required by law.

Volunteers must exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Conversations in public places, such as restaurants, elevators, and public transportation, should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, volunteers should be sensitive to the risk of inadvertent disclosure and should for example, refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons.

Upon the termination of a volunteer's relationship with the Partnership for Successful Living, he or she shall return, all documents, papers, and other materials, regardless of medium, which may contain or be derived from confidential information, in his or her possession.

### Statement of Volunteerism

By registering with the Partnership for Successful Living, they are allowing me to volunteer my time to assist their organization. I acknowledge that this is a volunteer relationship and primarily for my benefit. I enter into it because I derive satisfaction out of donating my time. I am committed to providing assistance on a volunteer basis and do not expect compensation for my time.

*Specifically, I agree that:*

1. **Donation of Time.** My decision to donate my time to the Partnership for Successful Living is made of my own free will, without coercion or pressure by the Partnership for Successful Living;
2. **Personal Benefit.** The volunteer time I spend is primarily for my benefit, so that I may have the satisfaction of knowing that I am assisting a non-profit, civic, organization;
3. **No Employment Relationship.** I acknowledge that I have no employment relationship with the Partnership for Successful Living and do not expect to receive any offer of employment as a result of my volunteer activities;
4. **No Entitlement to Compensation.** I understand that I am not entitled to any compensation or benefits in exchange for the time that I donate to the Partnership for Successful Living, and I have no desire to receive compensation or benefits from the Partnership for Successful Living;
5. **At Will Service.** I understand that the Partnership for Successful Living may ask that I cease providing volunteer services for the organization at any time, for any reason, with or without notice. I hereby certify that I have read, understand and agree the Partnership for Successful Living’s **Confidentiality Policy and Statement of Volunteerism.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



## Reminders:

- Bring **completed forms** and **Photo ID with you to your interview or return completed forms to Volunteer Coordinator.**
- Registration form and Liability Waiver must be signed.**
- Completion and Authorization to conduct/submit **Background Check and BAES State Registry Consent Form** is required in order to volunteer at the Partnership for Successful Living affiliate agencies. Some of the affiliates may also have additional forms, regulations, and requirements that must be completed/adhered to prior to volunteering.
- An **emergency contact** is **required** on page 1.
- The **Photo Release** on page 3 is **not required**. Please indicate you do not want to sign these by putting a large, visible line through the text.
- Please contact the **Volunteer Coordinator @ 603.882.3616** or by email at [volunteer@nhpartnership.org](mailto:volunteer@nhpartnership.org) if you have questions or **need assistance** with the forms.
- A copy of the **Volunteer Handbook** will be provided to you.

**For Office Use Only**

**Start date:** \_\_\_\_\_

Primary Affiliation: (circle one) **HHI, WLI, KEY, H@H, TF, MRCS**

**Entered into SAGE by:** \_\_\_\_\_

Date Background Check Submitted: \_\_\_\_\_

Date BAES Form Faxed: \_\_\_\_\_

**Volunteer, Supervisor:** \_\_\_\_\_

**Intern, Supervisor:** \_\_\_\_\_

**Primary Assignment/Team:** \_\_\_\_\_

**Notes:** \_\_\_\_\_

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