



Date: \_\_\_\_\_

MERCY HOUSING AND SHELTER CORPORATION VOLUNTEER APPLICATION Revised 3/13/2009	
Name	
Address	
Email Address	
Phone	Home: (    )                      Cell: (    )                      Work : (    )
Emergency contact information	Name:                                      Phone:                                      Relationship:
To keep informed about Mercy, please check one or more.	<input type="checkbox"/> Newsletter <input type="checkbox"/> Events <input type="checkbox"/> Appeals
Days/Time available to volunteer*	Mon: ___ Tue: ___ Wed: ___ Thu: ___ Fri: ___ Sat: ___ Sun: ___ __am    __am    __am    __am    __am    __am    __am __pm    __pm    __pm    __pm    __pm    __pm    __pm
	Program(s) you are interested in volunteering with:
Friendship Center Hartford	<input type="checkbox"/> Soup Kitchen <input type="checkbox"/> Food purchase <input type="checkbox"/> Food Preparation <input type="checkbox"/> Food Serving <input type="checkbox"/> Thanksgiving time <input type="checkbox"/> Christmas time <input type="checkbox"/> Clothes closet    Other holiday
St.Elizabeth House Hartford	<input type="checkbox"/> Food Purchase <input type="checkbox"/> Food Preparation <input type="checkbox"/> Food Serving <input type="checkbox"/> Miscellaneous
Shepherd Home Middletown	<input type="checkbox"/> Food Purchase <input type="checkbox"/> Food Preparation <input type="checkbox"/> Food Serving <input type="checkbox"/> Miscellaneous
Confidentiality Law	By my signature below, I acknowledge that I understand the confidentiality laws and regulations and agree to abide by them while volunteering at Mercy Housing and Shelter Corporation. I agree that I will not discuss information regarding clients, including names, places of residences, substance abuse, mental health, medical, financial or other issues that pertain to Mercy Housing and Shelter clients to others clients or outside sources. I understand that failure to abide by these laws under 42 CFR, Part 2 could result in a client lawsuit again this agency and individuals breaking confidentiality.
Volunteer Signature	Date:
Witness Signature	Date:
<b>Student volunteers</b> (college and high school)	Name of school, school advisor name, e-mail and phone number: Interest:

\*Breakfast is at 8 a.m., lunch at noon, dinner at 4:30 p.m. Volunteers must report one hour before assignment. If cooking, volunteers may want to report one and a half hours earlier than assignment. Call Ceil Kauffman at (860) 808-2115 or e-mail her at ckauffman@mercyhousingct.org if you have any questions.