



Hamilton Family Center

\* Admin Offices: 1631 Hayes St. \* San Francisco, CA 94117 \* www.hamiltonfamilycenter.org \* (415)292-9930x328 \* fax: (415)345-0470 \*

## One-Time Volunteer Application

**Date:** \_\_\_\_\_ **Volunteer Job:** \_\_\_\_\_ (i.e. GAP group project, kitchen server, etc.)

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

Current Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (day): \_\_\_\_\_ Phone (night): \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

### In case of emergency please contact:

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

Phone (cell): \_\_\_\_\_ Phone (other): \_\_\_\_\_

### At which site are you volunteering?

Residences and Emergency Center  
260 Golden Gate Ave. at Hyde

Transitional Housing Program  
1631 Hayes St. at Lyon

Dudley Apartments  
172 6<sup>th</sup> St. at Howard

Other: \_\_\_\_\_  
\_\_\_\_\_

### Future volunteering:

Would you be interested in attending a volunteer orientation? Yes No

Would you be interested in volunteering during future special events? Yes No

How did you learn about Hamilton Family Center volunteer opportunities?  
\_\_\_\_\_

May we add you to Hamilton Family Center's mailing list? Yes No

Have you ever received services from Hamilton Family Center? Yes No

If yes, please provide approximate dates: \_\_\_\_\_

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, please state nature of the crime(s), when and where convicted, and disposition of the case:  
\_\_\_\_\_

### Please check all that apply:

I have had the chicken pox

I have had a recent TB test. When? \_\_\_\_\_

**I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND I AUTHORIZE HAMILTON FAMILY CENTER TO INVESTIGATE THE ACCURACY OF THIS INFORMATION AND CHECK MY REFERENCES.**

Print Name: \_\_\_\_\_ Parent/Guardian Name (if under 18): \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Parent/ Guardian Signature (if under 18): \_\_\_\_\_

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

**PLEASE COMPLETE APPLICATION IN FULL.**

RETURN APPLICATIONS TO VOLUNTEER PROJECT SUPERVISOR BEFORE BEGINNING VOLUNTEER WORK.

PLEASE DIRECT FUTURE VOLUNTEER INQUIRIES TO VOLUNTEER COORDINATOR AT (415) 292-9930 x 328

**THANK YOU FOR YOUR VOLUNTEER SERVICE!**



Hamilton  
Family Center

1631 Hayes Street, San Francisco, CA 94117  
260 Golden Gate Ave, San Francisco, CA 94102

## STATEMENT OF RESIDENT CONFIDENTIALITY

As a condition for employment or volunteerism at Hamilton Family Center, I,

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(please print name)

agree not to divulge any information obtained in the course of my employment or volunteer involvement, nor to publish or otherwise make public any information which might identify persons who receive services from the Hamilton Family Center, without the prior written permission of the resident or in the case of a minor child, prior written permission of the child's legal guardian.

I recognize that the unauthorized release of confidential resident information may make me subject to a civil action under the provisions of the Welfare & Institution Code.

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



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### STAFF & VOLUNTEER ETHICS STATEMENT

All Hamilton Family Center staff and volunteers shall treat clients and their families with respect, dignity, and patience. I understand that the following statements represent the ethics and standards of conduct for staff and volunteers of Hamilton Family Center. I understand that if I violate any of these rules, the violation will be grounds for immediate termination without prior advance notice.

A Hamilton Family Center Client is defined as a person receiving services from any Hamilton Family Center program or a person who has received service from any Hamilton Family Center program during the last six (6) months. Family members of clients include dependent children, spouses, partners, or other persons related to client by family or law. Family members may or may not be receiving services from a Hamilton Family Center program.

Employees and volunteers must maintain strictly professional relationships with clients and their family members. As a Hamilton Family Center staff or volunteer I acknowledge that I must not:

- a. Use, share or sell drugs or alcohol with/to clients or their family members.
- b. Engage in commerce with clients or their family members.
- c. Give, lend, or borrow money or personal property to or from clients or their family members.
- d. Engage in or plan to engage in a social relationship with clients or their family members.
- e. Engage in or plan to engage in a sexual or romantic relationship with clients or their family members.
- f. Violate clients' or their family members' rights to confidentiality.
- g. Use physical force against a client or their family members except to defend myself from the real threat of physical harm when no other avenue of escape is available.
- h. Exchange goods or services, including gifts, with clients or their family members.
- i. Receive or provide personal favors to or from clients or their family members.
- j. Accommodate clients or their family members in my own home or property I control.
- k. Transport clients or their family members in my private car or accept transportation from clients or their family members.
- l. Employ, arrange for employment, or accept free services from a client or their family members (except in conjunction with a Hamilton Family Center sanctioned Vocational Counselor or Case Manager and with advance authorization from my supervisor).

In addition, I agree not to:

- m. Disclose personal information about Hamilton Family Center staff or volunteers.
- n. Use drugs or alcohol or be intoxicated while on Hamilton Family Center property.
- o. Engage in any inappropriate physical conduct with Hamilton Family Center staff or volunteers.

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

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



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### **Assumption of Risk and Release**

Please read the following agreement and sign below (If volunteer is under 18 years of age, parent or guardian must sign).

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Hamilton Family Center (HFC), a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge HFC, its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries, whether or not resulting from negligence, and I agree to release and hold HFC, its officers and directors, employees, agents and volunteers harmless from any cause of action, claim, or suit arising therefrom, I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date