OHA Volunteer Application

Ocean Housing Alliance, Inc.

605 Bay Avenue Point Pleasant Beach, NJ 08742 732-899-2277

Volunteer Application

Personal Information	
Name:	
Address:	
Home Phone:	Cell Phone:
Email:	Date of Birth:
Emergency Contact:	Phone:
Relationship: (i.e.: Spouse, parent)	
Volunteer Procedures and Rules	
3. Volunteers are here to aid the sta4. Volunteers need to maintain resp volunteers5. If a volunteer cannot attend their	of 18 years of age at the beginning and end of each sift/activity off of OHA and must follow their direction beet and courtesy to staff, residents and other regularly scheduled time, they must call the Baer) at least 12 hours ahead of time
I have read the above OHA rules an	d agree to follow them.
Signature:	Date:

Volunteer Confidentiality Statement:

I hereby agree to regard all information received in the performance of my volunteer work for the Ocean Housing Alliance, Inc as confidential.

I understand that Ocean Housing Alliance, Inc. respects its residents, staff and volunteer's rights with regard to privacy of information and I agree to respect these rights in the performance of my volunteer duties and to keep "professional" confidentiality in all my statements outside of the agency.

Cianatura:	Data	
Signature:	Date	
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Volunteer Termination Statement

Ocean Housing Alliance (OHA) is an at-will agency and has the right to terminate a volunteer without cause, but will always consider the cause leading to the termination. In general, failure to adhere to the policies of OHA is cause for immediate release. OHA has the right to ask a volunteer to leave the facility immediately.

Grounds for immediate dismissal may include, but are not limited to:

- 1. Gross misconduct or insubordination
- 2. Reporting for a volunteer assignment under the influence of alcohol or drugs
- 3. Theft of property or misuse of agency funds, equipment or materials
- 4. Falsifying statements on the volunteer application or during the interview process
- 5. Illegal, violent or unsafe acts
- 6. Abuse or mistreatment of staff, clients or other volunteers
- 7. Releasing confidential information
- 8. Accepting gifts or money from any resident
- 9. Borrowing money or personal items from a resident
- 10.Unwillingness to support or further the mission of OHA

I have read the above information and agree to all of the terms.

Signature:	Date:

	mobile insurance equal to the minimum state e of any change in coverage or driver's license
Signature:	Date:
Background Information:	
Have you ever been convicted of a criminal explain offense(s):	_
Are there any felony charges pending again explain:	
Authorization for Background Check I authorize Ocean Housing Alliance, Inc. to background check. I understand that if any be disqualified for consideration or dismisse	misrepresentation has been made by me, I may
Signature:	Date:

Insurance Statement: I understand that if I use my personal vehicle during my volunteer

Ocean Housing Alliance, Inc.

Volunteer Opportunities

I am interested in volunteering in the following area (s):

Clerical/Office suppo	ort:			
Answering pho	nes and sche	duling appo	intments: _	
Availability: M	Ion Tues.	Wed	Thurs	Fri
Shifts: 9 a.m	- 11:30 a.m	and/or 3	p.m 5:30 p.:	m
• Sending Thank	you notes ar	nd working	with Donor	Data base:
Availability: M	Ion Tues.	Wed	Thurs	_ Fri
Shifts: 9 a.m	- 11:00 a.m	and/or 3	p.m 5:00 p.	m
• Season Clerical Residents, usua		•	-	nt Forms for
Availability: M	Ion Tues.	Wed	Thurs	_ Fri
Shifts: 9 a.m	- 11:00 a.m	and/or 3	p.m 5:00 p.	m
Individual Resider	nt Assistanc	ee:		
Assist with organization resident)	anizing resid	ent's room/	personal ite	ms: (at the request of a
Availabi	dity: Mon	Wed	_ Fri	
Shift: 3:30 – 5: on their day of		_	ie as requeste	ed by a resident
• Drive resident t	to doctor's ai	ppointment	and/or take	shopping for

Availability: Mon.___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun. ___

Please specify time(s) available: _____

personal items.

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RESIDENT ACTIVITIES:

• Assist with Resident Program Activities:
Availability: Mon Tues Wed Thurs Fri Sat Sun
Please specify time(s) available:
• Chaperone Trips:
Availability: Mon Tues Wed Thurs Fri Sat Sun
Please specify time(s) available:
• Hosting Movie Night at the Residence:
Availability: Tuesday evening or Friday evening at 5:30-8p.m. please schedule directly with Lindsay Volunteer brings movie (as approved by Lindsay) and we supply the snacks
• Instructing Residents with a specific craft project: Yes No
Please schedule directly with Lindsay Baer, Program Coordinator
• Driving Residents to an activity/trip (using your own car)
Availability: Mon Tues Wed Thurs Fri Sat Sun
Please specify time(s) available.

General House Needs:

Seasonal Decorating	Inside the Joan	n Valentine House an	ıd/or <mark>Outsid</mark>	e:
	Yes	No	Yes N	lo
New Years Eve:				
Valentine Day:				
St. Patty's Day:				
4 th of July				
Halloween				
Thanksgiving				
Christmas, Hanukal	1,			
Kwanza, etc.				
O	h Food Prepara t or Barbeque:	tion and/or serving f	or Holiday,	
Availability: Mon T	Tues Wed	_ Thurs Fri Sa	t Sun	
Please specify hol	iday's available: _			
Please specify tim	ne(s) available:			_