

## VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer. Your willingness to give your time and energy to families with new babies makes a difference to the families and to our community. Your generosity of spirit is thoroughly appreciated. Please fill out the following so we can make a mutually beneficial match between you and a family in the near future.

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

Address: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Email address: \_\_\_\_\_

Preferred method of contact: \_\_\_\_\_

Occupation: \_\_\_\_\_ Full Time \_\_\_ Part Time \_\_\_ Retired \_\_\_

Are you taking any medications or have any health issues?  
\_\_\_\_\_  
\_\_\_\_\_

How did you learn about Many Mothers? \_\_\_\_\_

Have you visited our website? \_\_\_\_\_ [www.manymothers.org](http://www.manymothers.org)

Why do you want to volunteer with Many Mothers? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What do you think you can contribute to Many Mothers? \_\_\_\_\_  
\_\_\_\_\_

What do you expect to gain from being a volunteer with Many Mothers? \_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered before? \_\_\_\_\_ With which organization(s)? \_\_\_\_\_

In what capacity? \_\_\_\_\_  
\_\_\_\_\_

What did you enjoy the most about that experience? \_\_\_\_\_  
\_\_\_\_\_

Is there anything you didn't enjoy about it? \_\_\_\_\_  
\_\_\_\_\_

In what capacity would you like to volunteer?  
\_\_\_ Direct, In-Home Support \_\_\_ Volunteer Meeting Facilitator \_\_\_ Fund Raiser \_\_\_ Community Outreach

What is your preferred schedule for volunteering? (weekdays, evenings, weekends) \_\_\_\_\_

Date available to start volunteering \_\_\_\_\_

Please add any additional skills/experiences/education/languages spoken that may be helpful in making a good match with a family \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any allergies or other concerns that should be considered when matching? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HOW MAY I SUPPORT A NEW CAREGIVER?

As a Many Mothers volunteer, YOU may choose the types of tasks you offer new families. Please check all that interest you since different families need diverse kinds of support and you will be matched with those who need what you can offer. Thank you.

### **Infant/Child Care**

- \_\_\_\_\_ Care for older child(ren) while the caregiver feeds/bonds with their infant
- \_\_\_\_\_ Care for the baby while the caregiver spends time with their older child(ren)
- \_\_\_\_\_ Care for the baby while caregiver showers, rests, exercises, reads, works, cleans house, etc.
- \_\_\_\_\_ Change baby's diaper
- \_\_\_\_\_ Go for a walk together with the caregiver and baby

### **Light Housekeeping**

- \_\_\_\_\_ Wash and fold a load of baby/child laundry (if machines are in the home)
- \_\_\_\_\_ Sort clothes that infant has outgrown and prepare for donation to local non-profit
- \_\_\_\_\_ Prepare a family meal (using recipes and ingredients provided by them)
- \_\_\_\_\_ Prepare a snack and drink for the caregiver while they feed the baby
- \_\_\_\_\_ Load the dishwasher and wash the dishes/pots in the sink
- \_\_\_\_\_ Water indoor plants

### **Tasks around Town**

- \_\_\_\_\_ Pick up a few essential items from the supermarket (with funds provided by the family)
- \_\_\_\_\_ Run errands together
- \_\_\_\_\_ Accompany caregiver to a doctor appointment
- \_\_\_\_\_ Accompany caregiver, infant, and child(ren) to the playground
- \_\_\_\_\_ Accompany caregiver to a Many Mothers' fund raising or social event
- \_\_\_\_\_ Deliver donations to non-profit agency serving families in Santa Fe

### **Miscellaneous Tasks**

- \_\_\_\_\_ Assist caregiver in filling out applications (GED, WIC, Drivers License, social services)
- \_\_\_\_\_ Have tea together and enjoy sharing personal stories

## VOLUNTEER CONFIDENTIALITY AGREEMENT

As a Many Mothers' volunteer, I understand that I am a representative of the Many Mothers' organization. I understand that what I do directly reflects upon Many Mothers and the integrity of its programs. I understand that I must maintain the privacy and confidentiality of any and all information that pertains to the families that receive service through Many Mothers, the families I serve, as well as the others I may hear about. I recognize the value and sensitivity of confidential information and understand that it is protected by law (HIPAA-Health Insurance Portability & Accountability Act).

I agree to maintain high standards of confidentiality, as required in my role as a volunteer service provider with Many Mothers. I agree to keep all participants' information confidential, for an indefinite period of time, even after I may no longer be volunteering with Many Mothers.

The following is critical to remember;

1. There may be times when a child, individual or family may share information with me that is personal and confidential. My relationship with the child, individual or family, their personal and financial situations and their personal affairs are privileged and confidential information.
2. I will only speak in generalities, being cautious not to talk about specific persons, their homes, their problems, their personal lives, their financial situations nor anything that could identify a family to others, except when reporting to the Many Mothers' staff or at a Volunteer Meeting where confidentiality is respected and maintained by all present.
3. If I believe I have seen or heard something that causes me to be concerned for the health and/or welfare of a child or individual in the home, I will speak to Many Mothers' staff candidly and with the appropriate details to describe the problem. This is the only case where names and addresses may be used.
4. As a volunteer and representative of Many Mothers, I am encouraged to speak about the Many Mothers' programs, its benefits and the pride I take in my service.

I agree to follow the above rules of confidentiality. I understand that failure to do so may result in dismissal as a volunteer of Many Mothers.

VOLUNTEER:

Many Mothers' Staff

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

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

Phone: \_\_\_\_\_ Title: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## VOLUNTEER PHOTO RELEASE

For good and valuable consideration that I acknowledge having received, I hereby grant Many Mothers and its legal representatives and assigns, the irrevocable and unrestricted right to use and publish videos and photographs of me, or in which I may be included, for editorial, trade, advertising, and any other purpose and in any manner or medium; and to alter and composite the same without restriction and without my inspection or approval. I hereby release Many Mothers and its legal representatives and assigns from all claims and liability relating to said photographs.

I have read and understand the above:

Name \_\_\_\_\_ Signature \_\_\_\_\_

## VOLUNTEER PLEDGE

I appreciate the fact that Many Mothers is investing in me so that I may become a skilled, confident, in-home support provider for new families. I will make an earnest effort to attend volunteer meetings in order to further my education on empowering new caregivers, parenting issues, and volunteer peer support. In return, I will care for two to three families per year in a volunteer capacity.

I will not seek, nor accept, employment with the families I care for through Many Mothers for a period of one year after the Many Mothers' service ends.

I acknowledge that as a representative of this organization, I will be accountable for my actions, as well as what I say while volunteering. I pledge to uphold and continually enhance the well-earned reputation of Many Mothers. I will be reliably punctual for my family visits, respect the caregivers' opinions and confidentiality, address delicate situations tactfully and with grace, honor cultural differences, and validate the caregivers' situations. The support I offer will enhance the family through my compassion, sincere efforts and nonjudgmental support.

I will stay in contact with Many Mothers by promptly returning phone calls and emails. The staff will treat me with the same courtesy.

\_\_\_\_\_  
Signature of Candidate

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Staff

\_\_\_\_\_  
Date

**BACKGROUND CHECK AUTHORIZATION**

Social Security # \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

**STATEMENT OF RECORD**

Have you ever been involved in a police investigation of abuse or neglect of children or adults as the alleged perpetrator? If so, provide the dates of all such investigations and the outcome of those investigations. **NOTE: Failure to provide this information may lead to denial of your application.**

\_\_\_\_\_ **Yes**, I have been involved in a police (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator. (Provide details). \_\_\_\_\_

\_\_\_\_\_ **No**, I have never been involved in a police (or other protective service agency) investigation of abuse or neglect of children or adults as the alleged perpetrator or household member.

Have you ever been charged with, arrested for, or convicted of a crime? **NOTE: Failure to provide this information may lead to denial of your application.**

\_\_\_\_\_ **Yes**, I have been charged with, arrested for, or convicted of a crime (Provide an explanation and disposition). \_\_\_\_\_

\_\_\_\_\_ **No**, I have never been charged with, arrested for, or convicted of a crime.

I, \_\_\_\_\_ have answered this application truthfully and by signing below, I give Many Mothers permission to conduct a national criminal background check utilizing my name, birth date, address, and social security number. I will be informed of the results of this background check and may be accepted as a volunteer with Many Mothers accordingly.

\_\_\_\_\_  
Signature of volunteer candidate \_\_\_\_\_ Date

**REFERENCES**

Please provide three references with email, phone numbers and relationship to you.

1. \_\_\_\_\_  
\_\_\_\_\_
2. \_\_\_\_\_  
\_\_\_\_\_
3. \_\_\_\_\_  
\_\_\_\_\_