



Volunteer Application

Name: _____ Date: _____

Address: _____
Number and Street Apt# City Zip

Telephone: (W) _____ (H) _____ e-mail: _____

Daytime Phone: _____ Nighttime Phone: _____

Email Address: _____ Cell Phone: _____
Would you like to be on My Friend's Place mailing list? Yes No

What is the best way to reach you? _____

Date of Birth: _____ Are you an MFP client or alumni? Yes No

If yes, when was the last date that you accessed services? _____

How did you hear about My Friend's Place? _____

What do you hope to gain from your experience at My Friend's Place?

Volunteer Commitment

How long are you planning on volunteering at My Friend's Place?

Long Term Short Term Seasonal When available

Please indicate the best day and time for you to volunteer:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Availability	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM	AM/PM

Occupational Background

_____ From: _____ To: _____

_____ From: _____ To: _____

Please tell us about any interests, special skills, talents or passions that you would like to be able to share with My Friend's Place _____

Interest

Direct Services

- Food Service
- Board and card games
- Building client rapport
- Stocking supplies/Maintenance

Groups

- Music
- Art
- Employment/Education
- Writing
- Computers
- Health and Wellbeing

Behind the scenes

- Administration
- Special events
- Fundraising
- Agency beautification
- Organizing donations

Emergency Information

Emergency Contact _____
Name Relationship Phone#

Do you have any physical or mental well-being considerations that we should be aware of in order to support your success at My Friend's Place? Yes No

If Yes, please explain: _____

References

Please list three references. Include two professional and one personal reference.

- 1. _____ Phone: _____
- 2. _____ Phone: _____
- 3. _____ Phone: _____

Have you ever been convicted of a felony*? Yes No

If Yes, please explain: _____

The facts set forth above in my application are true and complete to the best of my knowledge. I hereby authorize you to make an investigation necessary to verify the information provided, and I consent to release this information to My Friend's Place. I understand that as a volunteer I am required to abide by all the rules and regulations of My Friend's Place

Signature

_____ Date: _____

Volunteers are considered for placement without regard to sex, race, creed, religion, color, national origin, age disability, marital status, pregnancy, veteran status, sexual orientation, gender identity or citizenship status. My Friend's Place is an equal opportunity agency. *Applicants who indicate a felony conviction will not be summarily rejected. Please mail applications to My Friend's Place, 5850 Hollywood Blvd, Los Angeles, CA 90028. If you would like to fax or email your application, please call 323-908-0011, x107.



Volunteer Policies and Procedures

Getting Started...

- All volunteers must complete a volunteer orientation and be fingerprinted before participating in activities with young people.
- Volunteer commitment is important to My Friend's Place. If for some reason you cannot attend your scheduled time, please call your project supervisor.
- All volunteers will have a project supervisor who will meet with them one-on-one briefly on every fourth volunteer visit to speak about the volunteer's experience at My Friend's Place. Volunteers are encouraged to help define the most suitable meeting times.
- You may not volunteer at My Friend's Place if you have accessed our services at any time in the past three years.

In Your Best Interest...

- Volunteers who work with the youth must be 18+.
- Participate to the extent that you feel comfortable and safe in any given situation.
- Being a volunteer affords you the opportunity to role model, educate, and support. Even if a youth invites you to do so, do not allow yourself to be placed in the role of counselor. My Friend's Place has a wide range of trained counselors who have experience working with street youth and are available on a consistent and on going basis.
- If a physical or verbal altercation occurs, please notify staff and step aside to allow staff to intervene.
- Under no circumstances may a volunteer extend a relationship with a young person beyond the premises of My Friend's Place. Do not share personal information such as telephone numbers and addresses and do not offer rides, money, or gifts to the youth. Volunteers are welcome to donate directly to the agency.
- Please leave personal belongings in the administrative offices.
- Please direct concerns and feedback to your project supervisor. In the event that this person is unavailable, please speak with the clinical director.
- Volunteers who facilitate a workshop should anticipate a staff member sitting in on the workshop for a minimum of the first three workshops.

In The Young People's Best Interest...

- Never agree to keep secrets with a young person from staff members. In an effort to work as a team, the youth should know that you are required to share information with staff.
- My Friend's Place abides by a confidentiality policy in our interaction with youth. While we understand the need to discuss your experiences at My Friend's Place,

please do not reveal young people's names or identities to anyone other than staff. This includes sharing information with other clients.

- We ask the young people to be respectful of staff, volunteers and other youth, so please be sure to model the same behaviors. Avoid provocative language and attire.
- The youth must be supervised in all rooms. Please be mindful of locking doors.
- Anyone suspected of emotional, physical, or sexual abuse on a young person will be dismissed immediately, a report will be filed and legal charges will be pressed as appropriate.
- We are mandated reporters, which means we are legally bound to report intentions of suicide or homicide and cases of child or elder abuse to the proper authorities. Immediately tell a staff member if a young person discloses anything of this nature to you.
- My Friend's Place is a non-denominational agency to ensure an environment of inclusively for people of all religious backgrounds. Please be respectful of this intention when interacting with the young people.
- The Staff are mandated reporters, which means we are legally bound to report intentions of suicide or homicide and cases of child or elder abuse to the proper authorities. Immediately tell a staff member if a youth disclose anything of this nature to you.
- My Friend's Place is a non-denominational agency to ensure an environment of inclusively for people of all religious backgrounds. Please be respectful of this intention when interacting with the youth.

In My Friend's Place's Best Interest...

- We are a small, not-for-profit organization with a very limited budget. Please act with awareness of these limits.
- While we welcome volunteer enthusiasm, volunteers should not assume any role where they would be representing My Friend's Place without the expressed permission of the Executive Director and the Board of Directors.
- Parking at My Friend's Place is extremely limited, please park on the street.

I have read the volunteer policies listed above and hereby agree to them.

_____	_____
Name (print)	Signature
_____	_____
Date	Drivers License #
_____	_____
Address	Phone



My Friend's Place
Waiver, Release, and Indemnity Agreement

For and in consideration of permitting _____ to volunteer and participate in all activities including charitable work organizing and sponsored by My Friend's Place in the County of Los Angeles, and undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all action for personal injury, property, damage or wrongful death occurring to the undersigned arising from the participation in said volunteer work or any activities incidental thereto wherever or however this same may occur and for whatever period said activities may continue. The undersigned does for himself/herself, his/her heirs, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid which may hereafter arise for himself/herself, his/her heirs, executors, administrators or assigns present or prosecute any claim for personal injury, property damage or wrongful death against My Friend's Place or any of their officers, agents, servants, volunteers, employees or officials (hereinafter referred to as "releases") for any kind of said cause of action whether the same shall arise from negligence of any said persons or otherwise.

The undersigned acknowledges, understands and assumes the risks, if any, arising in the volunteer work. That said participation in volunteer charity work and activities relating to it entails risks to his/her person and property and the undersigned is participating with full knowledge of said risks.

The undersigned acknowledges, understands, and assumes the risks, if any, arising from the conditions of the various buildings, premise and locations used by My Friend's Place and acknowledges and understands that included with the scope of the said waiver and release is maintenance, inspection, supervision, control or security of said areas and for the failure to warn of dangerous conditions existing on or near said locations or for any action or causes of action for negligent supervision or selection of representatives.

IT IS THE INTENT OF _____ BY THIS INSTRUMENT TO EXEMPT AND RELIEVE RELEASES FROM LIABILITY FROM PERSONAL INJURY, PROPERTY DAMAGE AND WRONGFUL DEATH CAUSED BY NEGLIGENCE.

The undersigned, for himself/herself, his/her heirs, executor, administrator or assigns hereby agrees that in the event any claim for the undersigned personal injury, property damage or wrongful death shall be prosecuted against releases from any and all claims or causes of action by whomever or wherever made or presented for the undersigned's personal injuries, property damage or wrongful death.

The undersigned acknowledges that he/she has read the foregoing paragraphs, has been fully and completely advised concerning the same and is fully aware of the legal consequences of signing this document.

Volunteer's Signature _____ Date _____

Witness' Signature _____ Date _____

