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## INFORMED CONSENT FORM

### VOLUNTEER INFORMATION

**PLEASE PRINT LEGIBLY!**

How did you learn about our opportunities?

- Bloomington Volunteer Network  
 Herald Times  IDS  Radio  School  
 Other \_\_\_\_\_

Today's Date: \_\_\_\_\_

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

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

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

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Emergency) \_\_\_\_\_

Employer: \_\_\_\_\_ (W) \_\_\_\_\_

Education: \_\_\_\_\_

Class Project? yes/no Dept. \_\_\_\_\_ Course # \_\_\_\_\_ Prof. \_\_\_\_\_

Affiliated with a Greek organization? \_\_\_\_\_ If so, which one? \_\_\_\_\_

Goal of volunteering: \_\_\_\_\_

Skills and interests I would like to utilize while volunteering: \_\_\_\_\_

\_\_\_\_\_

Days and hours I would like to volunteer: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_

\_\_\_\_\_

(This information should be discussed with the Coordinator in private)

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 FOR DATA PURPOSES ONLY (Optional):

What is your age: (please circle) Under 15 15-17 18-25 26-64 65+

Are you: (please circle) Male Female What is your race? \_\_\_\_\_

What is the month and day of your birth? \_\_\_\_\_

I, \_\_\_\_\_, intend to participate with Shalom, Inc., as a volunteer and understand that while I am volunteering, I may have access to confidential information concerning individuals whom receive service through our agency. I agree not to discuss any of the guests by name or identifying information with anyone but Shalom, Inc. staff. I will not discuss guests at Shalom with any other guests, and I will treat all guests with dignity, respect, and concern as their rights as individuals. I have read and understand the policies and procedures for working with guests.

I understand that I may be required to attend an orientation, volunteer training, volunteer meetings, and in-service training. In return, the staff at Shalom, Inc. will provide me with any resources and support I need to fulfill my responsibilities. I agree to notify those in charge if I plan on missing a day that I agreed to attend.

I agree to follow the guidelines and procedures of Shalom, Inc. while volunteering my services. I have read and understand all of the above.

VOLUNTEER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VOLUNTEER NAME (print legibly): \_\_\_\_\_

#### OFFICE USE ONLY

- Shalom Community Center  Trinity Episcopal

Job Assignment: \_\_\_\_\_ Placed

Work Schedule: \_\_\_\_\_ Data Entry

Orientation Date: \_\_\_\_\_ Hospitality Training: \_\_\_\_\_ Name Tag

Start Date: \_\_\_\_\_ Feedback Email: \_\_\_\_\_ Email List

Background Check Needed? YES  NO  Date completed \_\_\_\_\_

Court Ordered? YES  NO  # Hours \_\_\_\_\_

IU Sanctioned? YES  NO  # Hours \_\_\_\_\_

IMPACT? YES  NO  # Hours \_\_\_\_\_ a week

Work Program \_\_\_\_\_ # Hours \_\_\_\_\_ a week

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