



*We provide a safe, family-oriented shelter for homeless pregnant women and their babies, helping to empower them to be successful in life.*

## VOLUNTEER QUESTIONNAIRE FORM

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

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

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

Phone: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_

(Cell) \_\_\_\_\_ (Fax) \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: Mon\_\_ Day\_\_

### I. Skills and Interests

1. Highest Level of Education: \_\_\_\_\_

2. Current Occupation: \_\_\_\_\_

a. Employer: \_\_\_\_\_

b. Work Schedule: \_\_\_\_\_

3. Previous Volunteer Experience: \_\_\_\_\_

4. Skills (i.e. computer, retail, office, counseling, cooking, etc): \_\_\_\_\_

5. Area of Volunteer Interests: (Check all that apply)

<input type="checkbox"/>	Substitute Staff	<input type="checkbox"/>	Car Maintenance
<input type="checkbox"/>	Transportation	<input type="checkbox"/>	General Construction
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	House Maintenance
<input type="checkbox"/>	Special Events/Fundraiser	<input type="checkbox"/>	Painting
<input type="checkbox"/>	Special Projects/ Mailings	<input type="checkbox"/>	Thrift Shoppe <input type="checkbox"/> Greenland <input type="checkbox"/> Rochester <input type="checkbox"/> Seabrook
<input type="checkbox"/>	Craft/Cooking Instruction	<input type="checkbox"/>	Office Help
<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	Computer/ IT Skills
<input type="checkbox"/>	Parent/ Health Presentations	<input type="checkbox"/>	Mentoring
<input type="checkbox"/>	Collecting Donations	<input type="checkbox"/>	Moving Help ( With Truck)
<input type="checkbox"/>	Gardening & Yard Work	<input type="checkbox"/>	

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

## II. Availability

1. At what times are you interested in volunteering?

\_\_\_\_ Flexible      \_\_\_\_ Weekends      \_\_\_\_ Weekdays

\_\_\_\_ Evenings      \_\_\_\_ Other

Days	Available Hours
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

2.If driving is a preference, do you have an automobile you can use for volunteer work?

\_\_\_\_ Yes \_\_\_\_ No (Insurance information must be provided and kept on file)

**How did you happen to find/choose New Generation for your volunteering efforts?**

**Check all that apply:**

Newspaper article \_\_\_\_\_, United Way Website \_\_\_\_\_, Signage \_\_\_\_\_, Referral \_\_\_\_\_,

Thrift Shoppe \_\_\_\_\_, Prior New Generation Volunteer \_\_\_\_\_, Other \_\_\_\_\_

## III. Background Check

Volunteers in direct service with residents/children are required to have a Criminal Background Check.

The fee is \$10.00. (Please do not let this be a deterrent for volunteering.)

**If you are interested in working with the moms and babies, please mail in the Consent to Criminal Background Check form, volunteer application and the \$10.00 to:**

**New Generation  
Attn: Volunteer Coordinator  
PO Box 676  
Greenland, NH 03840**

**VOLUNTEER ACKNOWLEDGEMENTS AND WAIVERS**

*Volunteers must acknowledge and agree with the following. Please initial the appropriate box below to indicate agreement and/or acknowledgement. (Signature of Parent or Legal Guardian required if Volunteer is a minor.)*

**Volunteer Statement**

Volunteer hereby acknowledges that he/she is not an employee of New Generation, Inc or Second Generation Thrift Shoppes or its agents but is an unpaid volunteer and is therefore not entitled to Worker's Compensation or any other benefits typically extended to employees. The Volunteer also acknowledges that this volunteer position might not necessarily lead to a paid position.

\_\_\_\_\_  
I Acknowledge.

**Liability Waiver**

Volunteer agrees to indemnify and hold harmless New Generation, Inc., (Shelter/Second Generation Thrift Shoppes) and employees, directors, residents, attorneys and agents to the fullest extent permitted by law from any and all liabilities, injuries, losses, or damages of any kind sustained as a result of any activity connected with their self or their child(ren) volunteering including but not limited to injuries caused in whole or in part by any negligent act or omission of New Generation, Inc.,(Shelter or Second Generation Thrift Shoppes) and/or its agents.

\_\_\_\_\_  
I Agree.

**Confidentiality Acknowledgement**

Volunteer agrees that he/she shall respect the privacy concerns of our clients and shall hold in confidence all information obtained in the course of volunteering, whether that information is obtained through written records or daily interactions with clients. Therefore, the Volunteer will not disclose an individual's situation or confidence to anyone, except: 1) as mandated by law; 2) to prevent a clear and immediate danger to a person or persons; 3) where compelled to do so by a court or pursuant to the rules of a court. The Volunteer agrees to store and dispose of professional records in ways to ensure confidentiality. The Volunteer shall possess a professional attitude which upholds confidentiality towards our clients, colleagues, applicants and any sensitive situations arising within New Generation. This confidentiality shall be maintained throughout the course of the Volunteers service and continue upon separation. Volunteer understands that violation of confidentiality statement may be grounds for immediate removal from service.

\_\_\_\_\_  
I Acknowledge

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with New Generation that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by New Generation. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with New Generation or my termination as a volunteer.

\_\_\_\_\_  
I Agree

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature of Parent or Legal Guardian if a minor*

\_\_\_\_\_  
*Date*



## Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize \_\_\_\_\_ and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residences; and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to \_\_\_\_\_ or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

\_\_\_\_\_ and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

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

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Please call our office if you would like to help us in this area:

- Gift cards to purchase baby items: infant Tylenol, cough syrup, formula, BPA free bottles, nipples, etc.
- Diapers: Size 3, 4, 5
- Baby Wipes
- Cribs and strollers. **Please check for recalls before you donate these items.**
- Liquid hand soap, laundry detergent, dishwasher detergent, baby laundry detergent, shampoo and conditioner

- Gift Certificates to Target, Market Basket, Wal-Mart and Home Improvement stores (Home Depot & Lowe's)
- Paper products: paper towels, toilet paper and napkins
- Gas cards from local gas stations to help with high transportation costs
- Formula ( Good Start, Enfamil)
- Carpeting/flooring replacement throughout the house

*Become a New Generation Friend, Companion or Champion*

New Generation Friends, Companions & Champions  
support our mission with monthly or yearly financial contributions.

- \*Friend \$10-\$239 (\$1-\$19.91 month)
- \*Companion \$240- \$999 (\$20-\$83.25)
- \*Champion \$1000+ (83.33 or more)
- \*Family Giving Club- monthly giving
- \*Planned Giving
- \*In Kind Donations gladly accepted

Checks can be made payable to New Generation or you can donate online by visiting our website, [www.newgennh.org](http://www.newgennh.org) or call us at (603) 436-4989 for more information.