

# 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) \_\_\_\_\_

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### Volunteer Procedures and Rules

1. Volunteers must be a minimum of 18 years of age
2. Volunteers must sign in and out at the beginning and end of each sift/activity
3. Volunteers are here to aid the staff of OHA and must follow their direction
4. Volunteers need to maintain respect and courtesy to staff, residents and other volunteers
5. If a volunteer cannot attend their regularly scheduled time, they must call the Program Coordinator (Lindsay Baer) at least 12 hours ahead of time

I have read the above OHA rules and 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.

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

**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: \_\_\_\_\_

**Insurance Statement:** I understand that if I use my personal vehicle during my volunteer service, I will arrange to keep in effect automobile insurance equal to the minimum state requirement and will inform the OHA office of any change in coverage or driver's license status.

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

**Background Information:**

Have you ever been convicted of a criminal offense? Yes \_\_\_ No \_\_\_ If "Yes" please explain offense(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any felony charges pending against you? Yes \_\_\_ No \_\_\_ If "Yes" please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Authorization for Background Check**

I authorize Ocean Housing Alliance, Inc. to conduct a Federal and State criminal background check. I understand that if any misrepresentation has been made by me, I may be disqualified for consideration or dismissed if discovered at a later date.

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

*Ocean Housing Alliance, Inc.*  
**Volunteer Opportunities**

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

**Clerical/Office support:**

- **Answering phones and scheduling appointments:** \_\_\_\_\_  
Availability: Mon. \_\_\_ 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 and working with Donor Data base:**  
Availability: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_  
Shifts: 9 a.m. – 11:00 a.m. \_\_\_\_\_ and/or 3 p.m. - 5:00 p.m. \_\_\_\_\_
  
- **Season Clerical Needs: Completing Energy Assistant Forms for Residents, usually done in the month of March.**  
Availability: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_  
Shifts: 9 a.m. – 11:00 a.m. \_\_\_\_\_ and/or 3 p.m. - 5:00 p.m. \_\_\_\_\_

**Individual Resident Assistance:**

- **Assist with organizing resident's room/personal items:** (at the request of a resident)  
Availability: Mon. \_\_\_\_\_ Wed. \_\_\_\_\_ Fri. \_\_\_\_\_  
Shift: 3:30 – 5:00 \_\_\_\_\_ or at a specific time as requested by a resident on their day off from program
  
- **Drive resident to doctor's appointment and/or take shopping for personal items.**

Availability: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_

Please specify time(s) available: \_\_\_\_\_

## **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:** Yes\_\_\_ No \_\_\_

## General House Needs:

Seasonal Decorating **Inside** the Joan Valentine House and/or **Outside**:

	Yes	No	Yes	No
New Years Eve:	___	___	___	___
Valentine Day:	___	___	___	___
St. Patty's Day:	___	___	___	___
4 <sup>th</sup> of July	___	___	___	___
Halloween	___	___	___	___
Thanksgiving	___	___	___	___
Christmas, Hanukah, Kwanza, etc.	___	___	___	___

- **Assisting with Food Preparation and/or serving for Holiday, Special Event or Barbeque:**

Availability: Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun. \_\_\_

Please specify holiday's available: \_\_\_\_\_

Please specify time(s) available: \_\_\_\_\_