

# SPIRALS



## Consignment and Benefit Store of the Alliance on Aging

570 Lighthouse Avenue  
Pacific Grove, CA 93950  
tel. 831.383.5030  
spirals@allianceonaging.org

### VOLUNTEER APPLICATION

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Birth Date \_\_\_\_\_ / \_\_\_\_\_ Spouse/Partner Name \_\_\_\_\_  
Month Day

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Eve. Phone (\_\_\_\_\_) \_\_\_\_\_

Mobile Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Occupation \_\_\_\_\_

Interests and/or Special Skills \_\_\_\_\_

Groups, Clubs, Organizational Memberships \_\_\_\_\_

How did you hear about Spirals and/or the Alliance on Aging? \_\_\_\_\_

In making your decision to volunteer, what factors did you consider before contacting Spirals? \_\_\_\_\_

Do you have experience, training, or skills which you wish to use and/or develop while you volunteer at Spirals?  
If so, please explain. \_\_\_\_\_

What do you hope to gain from your volunteer experience? \_\_\_\_\_

What aspects of a job are important to you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have health limitations about which we should be informed? If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_

If you have health limitations, do you require special accommodations to perform a volunteer assignment?  
(To be discussed during interview)     yes                       no

Have you ever been convicted of a criminal offense (felony or serious misdemeanor?)     yes                       no

If yes, state nature of the crime(s), when and where convicted and disposition of the case. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Note: Conviction will not necessarily disqualify an applicant from a volunteer assignment)

**VOLUNTEER INTERESTS**

Public Contact

- |                                    |                          |
|------------------------------------|--------------------------|
| _____ Customer Service             | _____ Advisory Committee |
| _____ Cashier/Sales (handle money) | _____ Community Outreach |
| _____ Merchandise Display          | _____ Floater            |

Backroom/Intake Room

- |                                     |   |
|-------------------------------------|---|
| _____ Merchandise Sorting/Screening | _____ Internet Search/Pricing Valuation |
| _____ Merchandise Preparation       | _____ Tagging/Ticketing                 |
| _____ Data Entry                    | _____ Ironing*                          |
| _____ Polishing Silver*             | _____ Floater                           |

Special Skills

- |                           |                                       |
|---------------------------|---------------------------------------|
| _____ Alterations*        | _____ Graphic Design*                 |
| _____ Antique Appraisal   | _____ Handyman/woman                  |
| _____ Book Appraisal      | _____ Hauler/Mover with pick-up truck |
| _____ Furniture Appraisal | _____ Bookkeeping                     |
| _____ Jewelry Appraisal   | _____ Marketing                       |

\* May be done at home coming into store as necessary

Hours/Days of Availability (Circle one or more)

Mornings            M     T     W     Th     F  
Afternoons        M     T     W     Th     F  
Weekends          Sa     Su

How many hours can you devote to a volunteer assignment? \_\_\_\_\_ Per Week    \_\_\_\_\_ Per Month

Willing to make a commitment of     3 months     6 months     1 year     more

**EMERGENCY CONTACT**

Person to contact in case of emergency \_\_\_\_\_ Relationship \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_\_) \_\_\_\_\_

Please list three professional and/or personal (not including relatives) references with complete address and phone number below. References remain confidential.

<u>Name</u>	<u>Relationship</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

## VOLUNTEER CONFIDENTIALITY POLICY

Volunteers are responsible for maintaining the confidentiality of all proprietary or privileged information to which they are exposed while serving as a volunteer, whether this information involves a single member of staff, volunteer, client or other person or involves the overall business of the Alliance on Aging. I understand that any privileged information I gather at Spirals in the course of my volunteer work will be treated in the strictest confidence.

## VOLUNTEER CONFLICT OF INTEREST POLICY

The Alliance on Aging's use of volunteers does not in any way endorse the volunteer's place of employment, personal business or personal interest. In order to preserve the spirit of this policy, we ask that any volunteer whose place of employment, personal experience or business that provides health care, social service, respite or other services to seniors or their family members refrain from:

- using his/her involvement as a volunteer when formally or informally marketing their services to potential clients.
- soliciting clients through any phone/personal interactions or at any event sponsored by Spirals or the Alliance on Aging.
- distributing marketing materials at any event including business cards, brochures, magnets, pens, etc.

I have read the above stated Confidentiality Policy and Conflict of Interest Policy and agree to adhere to the policy guidelines required to be a Spirals volunteer.

I also understand that in order to volunteer, I may be expected to participate in trainings, as required. As a volunteer I have also been made aware Spirals is a smoke-free environment and volunteers are requested to wear little or no fragrance when they volunteer in order to create comfortable work conditions for individuals with allergies and other respiratory conditions.

Revenues from Spirals help support existing programs of the Alliance on Aging 501 (c)(3) and the development of new services and activities.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Store Manager

\_\_\_\_\_  
Date