



LCS Staff Use Only:

Employee Manual Receipt Signed?

YES NO

Receipt and Acknowledgement of AIDS Confidentiality Law Signed?

YES NO

Volunteer assigned to which Department (Please Circle One)?

Administration P&HE Care and Supportive

Volunteer Application

Start Date: _____

Name: _____

DOB: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Optional: Are there any special health issues (i.e. diabetic, anemic, asthmatic, drug allergies, etc.) that you may want us to know about in case of a medical emergency?

In Case of Emergency Please Notify:

Name: _____

Relationship: _____

Phone Number: _____

Days and times you are available to volunteer. [Please circle all that apply]

Monday	Tuesday	Wednesday	Thursday	Friday
8:30am-10:00am	8:30am-10:00am	8:30am-10:00am	8:30am-10:00am	8:30am-10:00am
10:00am-12:00pm	10:00am-12:00pm	10:00am-12:00pm	10:00am-12:00pm	10:00am-12:00pm
1:00pm-2:30pm	1:00pm-2:30pm	1:00pm-2:30pm	1:00pm-2:30pm	1:00pm-2:30pm
2:30pm-4:00pm	2:30pm-4:00pm	2:30pm-4:00pm	2:30pm-4:00pm	2:30pm-4:00pm

Number of Volunteer/Community Service hours intended to complete: _____

Date hours need to be completed by (if applicable): _____

Reason for Completing Service:

If this is a required assignment part of a school project or mandate by a court system or another state facility, please attach a letter explaining reason for service.

How did you hear about LCS?

LCS' Expectations

I understand that I am volunteering my time at Latino Community Services, In (LCS) because I choose to. LCS values promptness, professionalism, good work habits and respect. LCS cares very deeply about the relationship and the credibility we have with the community, our fellow organizations, and above all our clients. Any behavior contrary to upholding this special relationship will be addressed immediately. Volunteers are required to maintain all client confidentiality standards.

Your signature below verifies that you have discussed LCS' expectations and requirements with the person who will supervise your volunteer experience.

Name

Date

Supervisor

Date

SKILLS

Do you enjoy working with others as a team or do you prefer working as an individual?

Team

Individual

What skills do you feel you have to offer as a volunteer at LCS? [Please circle all that apply]

- Writing and editing
- Fundraising
- Event planning
- Translating documents, please specify language _____
- Office Skills
- Data Entry
- Filing Skills
- General Clerical
- Computer Systems/ Software
- People Skills
- Sign Language
- Other: _____ (please be specific)

What type of community service you would like to be involved in while at the agency?

What would you like to get out of this experience?

How can your skills be used while at this agency?

Pre-Volunteering Self-Evaluation

Please answer the following questions. (Circle the best answer)

I have a strong commitment to providing customers with excellent service.

Strongly Agree Agree Undecided Disagree Strongly Disagree

I believe that LCS clients are important to the department and the agency.

Strongly Agree Agree Undecided Disagree Strongly Disagree

I feel that I know and understand what excellent customer service is.

Strongly Agree Agree Undecided Disagree Strongly Disagree

I have patience with clients, even when their actions are difficult to handle.

Strongly Agree Agree Undecided Disagree Strongly Disagree

I show respect for clients and co-workers.

Strongly Agree Agree Undecided Disagree Strongly Disagree

I do not use judgmental or blaming behavior when I interact with clients who are experiencing difficulties.

Strongly Agree Agree Undecided Disagree Strongly Disagree

I recognize and know what to do when I encounter clients who have special needs including the elderly, the disabled, customers from different cultures, and people who speak English as a second language or don't speak English at all.

Strongly Agree Agree Undecided Disagree Strongly Disagree

Post-Volunteer Experience Evaluation

Volunteer name (last, first) _____

Total Hours completed: _____

Description of project:

Volunteer and Staff member: Please rate your experience on a scale of 1 to 3 with 1 being “needs improvement,” 2 being “met expectations” and 3 being “exceeds expectations.” “Met expectations” indicates a positive experience. [Please circle your answers]

Volunteer’s Self-evaluation

I used my skills and abilities to do meaningful work	1	2	3
There was a positive climate of teamwork among paid and volunteer staff	1	2	3
I had the support and guidance I needed to accomplish my volunteer activities	1	2	3
I am satisfied with the variety of activities offered	1	2	3
LCS is an excellent place to volunteer	1	2	3
I would recommend LCS to others a place to volunteer	1	2	3
My supervisor(s) makes an effort to make me feel that I am a valuable member of the organization	1	2	3
My volunteer job gives me a sense of accomplishment	1	2	3

Supervisor's Evaluation

Supported the mission and vision of the organization	1	2	3
Carried out assigned task independently	1	2	3
Exhibited good work habits, punctuality and attendance	1	2	3
Provided good customer service	1	2	3
Demonstrated respect for the ethnic, cultural, and physical diversity of the staff and community	1	2	3
Demonstrated ability to work well with other staff	1	2	3
Behaved in a professional manner during work hours	1	2	3

Signature of volunteer/date:

Signature of Supervisor/date:
