

**Star Outreach - Neighbors Helping Neighbors
Volunteer Questionnaire**

First Name _____ Date _____

Last Name _____

Address _____

City _____

State _____

zip code _____

Subdivision/Area _____

Home telephone _____

Work telephone _____

Cell telephone _____

Email address _____

Best Time/Way to
Contact You _____

Your Occupation _____

Spouse Occupation _____

What is your computer skills / knowledge? [Circle all that apply]

Computer	Mac	PC		
Software knowledge	Word	Excel	Outlook	
Internet knowledge	Yes	No		

How did you hear about Star Outreach?

What interested you in becoming a volunteer at Star Outreach

We have a variety of Committees and are involved in many aspects of the Star community. Below are our current ones and a few that are under development. Some of our Committees are busy year round and some are seasonal. Please check those that you would be interested in serving on.

Food Bank [Ongoing]	<input type="checkbox"/>	General Fundraising [Ongoing]	<input type="checkbox"/>
Pickup Food Donations [Ongoing or Backup]	<input type="checkbox"/>	Recycle a Bicycle [June & December]	<input type="checkbox"/>
School Supply Drive [August]	<input type="checkbox"/>	Senior Services [Ongoing]	<input type="checkbox"/>
Adopt a Family [Dec.]	<input type="checkbox"/>	School Liaison [School Year]	<input type="checkbox"/>
Adopt a Family Signups [Nov.]	<input type="checkbox"/>	Summer Lunch Program	<input type="checkbox"/>
Distribution of Neighborhood Flyers [March, July & October]	<input type="checkbox"/>	Volunteer Coordinator	<input type="checkbox"/>
		Any suggestions ? _____	

Would you be willing to Lead a Committee? _____ If so, which one? _____

What kinds of volunteer work interests you the most? [i.e. Administrative, Food Distribution, Special Projects, Fundraising, Walking Neighborhoods, etc.]

When are you available to Volunteer?

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time / Hours							

Tell us a little about yourself [i.e. past volunteering, hobbies, interests, work experience]

Please return completed questionnaires to the Star Outreach Food Bank [in front of City Hall], scan and email to staroutreach@yahoo.com or mail to address below:

Star Outreach Volunteer Program
 Attn: Bethany Morrison
 Post Office Box 345
 Star, Idaho 83669





Volunteer Confidentiality Agreement

I understand that as a volunteer, I may have access to confidential information about the participants that utilize Star Outreach, Neighbors Helping Neighbors.

I understand that any information that I learn about a participant is confidential and that information about a participant cannot be disclosed to anyone. I understand the law provides for the possible civil and criminal penalties for disclosure of confidential participant information.

This includes information I receive whether obtained either verbally or written by:

- Star Outreach, Neighbors Helping Neighbors
- Direct contact with participants and families
- The Idaho Foodbank

Any of this information is to be held in strict confidence in order to protect the rights of all participants and families. I recognize that the disclosure of such information by me may cause irreparable harm to the family and Star Outreach, Neighbors Helping Neighbors and that accordingly, the family may seek any legal remedies against me which may be available.

I agree that I will not:

- Reveal to anyone the name or identity of a participant.
- Repeat to anyone any statements or communications made by or about the participant.
- Reveal to anyone any information that I learn about the participant as a result of discussions with others while providing support to the participant.
- Write or publish any articles, papers, stories or other written materials which will contain the names of any participant or information from which the names or identities of any participant can be discerned. If a paper is written about my volunteer work here, I agree that I will submit it to Star Outreach, Neighbors Helping Neighbors for approval.

I hereby agree by signing below that I have read this document, fully understand its meaning and promise to adhere to the confidentiality agreement described above.

Date: _____ Printed Name of Volunteer: _____

Signature _____

Address: _____

Phone Number: _____

Name Based Criminal Background Check Form



There is a \$20 processing fee for each background check to be performed. A separate form must be used for each request. Cash or check only - checks must be made out to Star Outreach. With a completed form, Star Outreach will then authorize backgroundchecks.com to perform the check.

REQUEST		
First Name:	Last Name:	M.I.
Alias Names (Include Maiden/prior Married Names):		
Date of Birth (mm/dd/yyyy):		
Social Security Number:		
Address:	City:	
State:	ZIP:	

WAIVER	
I hereby give permission for Star Outreach to conduct a background check concerning myself.	
_____	_____
Signature	Date

General Information

This request is being made for the purpose of volunteering with Star Outreach.

This report will be used for no other purpose in accordance with Federal and State Law.

Additional information is available upon request.

Star Outreach - Neighbors Helping Neighbors
P. O. Box 345 • Star, Idaho 83669
(208) 779-0046 • staroutreach@yahoo.com