

VOLUNTEER

APPLICATION PACKET





NEWBY-GINNINGS of North Idaho, Inc.
570 S Clearwater Loop Unit A
Post Falls, ID 83854
208-610-6996

NEWBY-GINNINGS OF NORTH IDAHO, INC. OUR HISTORY

On Thursday, July 7, 2011 Theresa Hart's world was forever changed. Nearing the end of his deployment, her son, Army Specialist Nicholas W. Newby's convoy was attacked in Baghdad, Iraq by a highly sophisticated IED called an explosively formed penetrator (EFP). One soldier was severely wounded, and another two were killed in action. Her son was one of the fallen.

Shortly after his death Theresa returned to her job at the health department but quickly realized how profoundly his loss had changed her and soon thereafter left. She spent the next year of her life trying to decide how to move forward. During this time many of Nick's battle buddies were trying to adjust back into civilian life. They were struggling in their relationships, with their finances and with problems such as PTSD. As she helped these soldiers, Theresa saw a need and the seeds that would eventually become Newby-ginnings were planted. While driving in the car on a sunny summer day, she explained to her mom that she wanted to start a non-profit in Nick's name. It would be an organization designed to help the families of service members based in the community that he loved. Her mother suggested she call it "Newby-ginnings."

In October 2013 Theresa's passion became a reality when she received Newby-ginnings' articles of incorporation. She envisioned Newby-ginnings as a part time project that she could do from the comfort of her own dining room table. Before long her garage was overflowing and she expanded into a nearby storage unit. As the organization continued to thrive and grow, they decided to open a shop in Dalton Gardens. It soon became evident that they would yet again need a bigger space as Newby-ginnings continued to grow. In May of 2016 Newby-ginnings moved to its current location in Post Falls. As of March 2018, Newby-ginnings has enrolled and assisted over 2200 veterans, along with their families.

Newby-ginnings has given Theresa the opportunity to turn her unfathomable loss into a vehicle for service, and compassion while filling an unmet need in our local military community. It has provided her with pride, purpose, and a way to honor her love for her son.



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NEWBY-GINNINGS OF NORTH IDAHO, INC. MISSION STATEMENT

"With support from and in partnership with the community, Newby-ginnings of North Idaho, Inc., a non-profit organization, will provide, with honor, respect and integrity, essential items, resources and referrals to area Active Military, Veterans and Gold Star families in need of such services."

At Newby-ginnings, we provide basic necessities and essential household items to Veterans, Active Military, Gold Star Families, and their families at absolutely no cost. There are NO income eligibility requirements and you do not have to prove need. All that is needed is proof of military service, past or present, for yourself or an associated family member.

We currently average 150-200 visitors to our shop everyday that we are open and enroll, on average, 10 new clients per week.

Signed _____ Date _____

By signing this I agreed that I have read and understood the Mission Statement



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PLEDGE OF CONFIDENTIALITY

Confidentiality Policy for Employees, Volunteers and Board Members

Respecting the privacy of our clients, donors, members, staff, volunteers and of the organization itself is a basic value of Newby-ginnings. Personal and financial information is confidential and should not be disclosed or discussed with anyone without permission or authorization from the executive director. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared.

Employees, volunteers and board members of Newby-ginnings may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Newby-ginnings that such information must be kept confidential both during and after employment or volunteer service.

Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

As a volunteer and representative of Newby-ginnings, I agree to keep all information that I am exposed to during my involvement with the organization confidential.

Name Printed: _____ Date: _____

Signed: _____ Date: _____

(If under 18 years old, parent or guardian must also sign)



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ACCIDENT WAIVER AND RELEASE FORM

I, _____ HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING FOR NEWBY-GINNINGS OF NORTH IDAHO, INC. (NBG), including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I acknowledge that this Accident Waiver and Release Form will be used by the staff, board, and volunteers of NBG in activities in which I may participate, and that it will govern my actions and responsibilities at NBG and related events/activities.

In consideration of my application and permitting me to participate as a volunteer, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all claims and liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from NBG or its activities. **THE FOLLOWING ENTITIES OR PERSONS:** NBG and/or their directors, officers, employees, volunteers, representatives, agents, the activity or event holders, activity or event sponsors, activity or event volunteers, as well as the agencies associated with NBG.

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or person mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise. I acknowledge that NBG and their directors, officers, volunteers, representatives, agents, and agencies are **NOT** responsible for the errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of NBG.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for personal injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, customers, event officials, and event monitors, and/or producers of the event. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness while volunteering at NBG or its events/activities. I understand that while at NBG or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by NBG, event holders, producers, sponsors, organizers, assigns, churches and affiliated agencies.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law. I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Name Printed: _____

Date: _____

Signed: _____

Date: _____

(If under 18 years old, parent or guardian must also sign)



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MINOR VOLUNTEER CONSENT FORM

Volunteers under the age of 18 are required to bring this signed consent form prior to, or on, the day of the volunteer project. Without it, the minor will not be able to volunteer. A parent or legal guardian of the minor child must read and agree to the following:

By signing this form, I, the parent or legal guardian of the child named below, consent to the child's participation in volunteer activities organized by Newby-ginnings of North Idaho, Inc. ("Newby-ginnings"). I understand that the child will be provided with orientation and training necessary for the safe and responsible performance of the volunteer duties and will be expected to meet all requirements of the position, including compliance with Newby-ginnings' rules, policies and procedures. I understand that my child will receive no monetary compensation for this work.

I also understand that inherent risks may be associated with volunteer activities, including but not limited to, cuts, abrasions, bruises, broken bones, concussions, sprains, paralysis and death, and will not hold Newby-ginnings accountable or liable for any injuries that unintentionally result from the child's participation, or that arise during the time spent volunteering due to any underlying physical condition.

I, _____ give permission for _____ to volunteer at Newby-ginnings.

In the event of an emergency, please contact the following person: _____

Emergency Contact/Relationship: _____

Emergency Phone#: _____

I also understand that inherent risks may be associated with volunteer activities, including but not limited to, cuts, abrasions, bruises, broken bones, concussions, sprains, paralysis and death, and will not hold Newby-ginnings accountable or liable for any injuries that unintentionally result from the child's participation, or that arise during the time spent volunteering due to any underlying physical condition.

PHOTO / MEDIA RELEASE

To recognize the great work of our volunteers, we occasionally post photographs on our social media platforms (Facebook/Instagram), on our website or in print materials. Please let us know your preference by checking the appropriate line on the option below.

___ I give permission for my child's name, photo, video image, and/or achievement(s) to be disclosed on social media, on the website, in print materials or released to the media.

___ I do not want my child's name, photo, video image, and/or achievements(s) disclosed on social media, on the website, in print materials or released to the media.

Minor Name (Printed) _____

Parent or Guardian's Name (Printed) _____

Parent or Guardian's Signature _____

Date of Signature _____



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VOLUNTEER CODE OF CONDUCT

To assure orderly operations and to provide the best possible volunteer experience, we ask and expect volunteers to follow rules of conduct that will protect the comfort and safety of all volunteers, employees, clients and visitors.

We ask that volunteers treat clients, visitors, volunteers and employees with kindness, integrity, and respect at all times in accordance with our mission statement.

As a volunteer, I will:

- Respect all confidential information. 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 staff member, volunteer, client or another person.
- Accept assignments(s) consistent with my interest, abilities, and available time.
- Accept assignment(s) with an open mind and a willingness to learn .
- Accept feedback from my supervisors in order to do the best job possible .
- Address any safety or behavioral concerns with a supervisor .
- Treat all individuals with a sense of dignity, respect, and worth. Make a personal commitment to be nonjudgmental about cultural differences, living conditions and the lifestyle of each person with whom I work.
- Avoid abusive language and disruptive behavior that is negative or dangerous to self and others.
- Not pressure anyone to accept my political, cultural, or religious beliefs .
- Comply with mandated reporting in cases of suspected abuse or neglect.
- Not use, possess, or be under the influence of alcohol or illegal drugs at any time while serving this organization.
- Wear clothing that is suitable for the work environment and does not contain offensive or objectionable material (slogans or graphics).
- Follow safe workplace practices and report accidents, injuries, and unsafe situations to a supervisor.
- Report suspicious activities to a supervisor .
- Recognize that I have a responsibility to adhere to the rules and procedures of the organization.
- Recognize that I am a representative of Newby-ginnings and agree to uphold our organization's values and standards.
- Recognize that failure to uphold this Volunteer Code of Conduct may result in my dismissal from volunteer duties.

Signed _____

Date _____

By signing this I agreed that I have read, understood and will abide by the Volunteer code of conduct.



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VOLUNTEER APPLICATION

Name		Date	
Street Address			
City	State	Zip Code	
Email address			
Cell Phone		Home Phone	

Are you a.... mark all that apply.			
<input type="checkbox"/>	Active Service Member	<input type="checkbox"/>	Minor (under 18)
<input type="checkbox"/>	Reserve/Guard	<input type="checkbox"/>	Community Serve (hours needed____)
<input type="checkbox"/>	Veteran	<input type="checkbox"/>	Community Partner
<input type="checkbox"/>	Veteran Spouse	<input type="checkbox"/>	Donor
<input type="checkbox"/>	Veteran Child	<input type="checkbox"/>	Board Member
<input type="checkbox"/>	Gold Star Family	<input type="checkbox"/>	Other

Personal Information			
Date of Birth		<input type="checkbox"/>	Less than or in High School
Gender	Male____ Female____	<input type="checkbox"/>	High School Graduate
T-shirt Size		<input type="checkbox"/>	Undergraduate: Major_____
Marital Status		<input type="checkbox"/>	Graduate degree: Discipline_____
Spouse's Name		<input type="checkbox"/>	Other: List_____

Current Employment Information			
<input type="checkbox"/>	Employed	Occupation	
<input type="checkbox"/>	Unemployed	Employer (or School)	
<input type="checkbox"/>	Retired	School credit/class	
<input type="checkbox"/>	Student	Employer volunteer time-off program	
Other:			



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Emergency Contact: In the event of an emergency please notify:	
Name	Cell Number
Relationship	Other Number

Medical Information
Do you have any medical conditions that would affect your ability to perform your volunteer duties, or that we should be aware of? _____ Yes _____ No
If yes, please explain:

General areas in which I would prefer to serve	
Stocking & Organizing	Customer service/front desk
Clerical	Cleaning/janitorial
Pick up/delivery	Special Events
Library/books	Receiving/processing
Not sure	Where I am most needed
How did you find out about our volunteer program?	

References (other than family)		
Name	Phone #	Email
Name	Phone #	Email

I certify that the statements made in this volunteer application are true and correct and have been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information.

I understand that I will not be paid for my services as a volunteer.

Thank you so much for your interest in volunteering with us!

Applicant's Signature: _____ Date: _____