

Contact Ministries Volunteer Application

Name: _____ Email: _____

Address: _____ City _____ State ____ Zip Code _____

Phone: _____ Birthdate (mm/dd/yy) _____ Male Female

Current Status: Employed Retired Student Other _____

Education, Employment, Affiliation

Highest Grade Completed: _____ Degree/Certifications: _____

Place of employment: _____ Position: _____ Phone: _____

Church, School, Club Affiliation: _____

Experience, Interest, Availability

Volunteer Experience (*Kind of Service, Organization*): _____

Interests/ Hobbies/Skills: _____

Preference of Volunteer Hours (*indicate days and times you are available to volunteer*): _____

Health & Emergency Contact

Please state any physical limitations or restriction that will affect the assignment of job duties:

Are you allergic to any medication? If so, please list: _____

In case of emergency, please contact:

Name: _____ Ph: _____ Name: _____ Ph: _____

Background Check Information

Have you ever been convicted of a felony or crime? Yes No

If Yes, please explain: _____

Confidentiality Statement

I understand and agree that any information pertaining to any Contact Ministries residents, client or staff cannot be discussed with others outside of the agency.

I acknowledge the agency policy regarding confidentiality. I understand that situations, problems, conversations with or about shelter residents are all confidential and not to be discussed with anyone not related to assisting the client. I also understand that I must first have written consent from the client before sharing information with outside agencies.

I further understand that at no time should I give a resident my home address, telephone number or take any resident to my home for any reason. I also agree not to give cash or other tokens of gifts to a resident without permission from a supervisor in advance. I will not accept cash or other gifts from residents for doing my job or for any other reason.

My signature acknowledges my understanding of the seriousness of any breach of confidentiality. I also understand that a breach of confidentiality may be cause to terminate me as an employee, volunteer or resident of Contact Ministries.

Signature _____ Date _____