



VOLUNTEER APPLICATION

Contact Information: We need ALL this information, so please fill out completely.

PLEASE PRINT

Full Name: _____ Age: _____

Street Address: _____

City, State, Zip: _____

Home Phone: _____ Date of Birth: _____

Cell Phone: _____

IMPORTANT: Because we have so many volunteers, our method of communication is typically by email. So, it is imperative that you provide us with an email address. If you do not have an email address, we will do our best to accommodate you, but we cannot guarantee that we will always be able to do so.

Email Address: _____

Employer or School: _____

Do you have a personal relationship with Jesus Christ? ___ yes ___ no

If so, do you attend a local church? ___ yes ___ no

If so, which church do you attend? _____

In Case of Emergency, please contact:

Name: _____

Relationship to you: _____

Home Phone: _____

Cell Phone: _____

Preferred Schedule / Shift: ___ A.M. (9:30a.m. till 1:00 p.m.) ___ P.M. (12:30 till 4:00)

Preferred Work / Special Skills: _____

Physical Limitations, if any: _____



VOLUNTEER AGREEMENT

I understand, acknowledge and/or agree to the following:

1. As a volunteer at HENDERSON COUNTY HOMELESS MINISTRY (HCHM), I may become aware of confidential client information, including, but not limited to, a client’s name and address, identification documentation (such as driver’s license, I.D., and/or social security card, etc.), phone numbers, family information, etc. I will not divulge any client information, including pictures, or use such information in any manner outside of HCHM. I will safeguard any and all filed documents containing confidential client information and not allow them to fall into the public domain or into the possession of unauthorized persons. I will not make any unauthorized copies of any information for any purpose.
2. HCHM is guided by its By-Laws and its Mission Statement and Code of Ethics that were adopted by the Board of Directors in July 2017.
3. HCHM does not and shall not discriminate on the basis of race, color, religion (creed), gender, gender expression, age national origin (ancestry), disability, marital status, sexual orientation, or military status in any of its provision of services.
4. HCHM will not divulge my personal information to anyone without my consent.
5. HCHM will check my sex offender status and/or criminal history. I understand that this information could limit my access to certain areas of the Resource Center or *could* prevent me from serving at HCHM in any capacity.
6. I understand that I am not required to participate in any religious service or practice to volunteer at HCHM. However, I will be respectful of those who do participate.

I agree to indemnify and hold HCHM harmless for any damages caused by my neglect under this policy and understand that such injured person(s) may ask or file suit for fines, damages, or monetary charges against me.

This agreement will remain in full force and effect until it is revoked in writing by HCHM.

Volunteer Signature

Date

Volunteer Printed Name