



VOLUNTEER APPLICATION

Date of Application: _____

First Name: _____ Preferred Name (if different from First Name): _____

Last Name: _____ Spouse Name (if applicable): _____

Street Address: _____ City, State Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Preferred Phone Number (circle one): Home Phone Cell Phone Work Phone

Primary Email: _____ Birth Date: _____

Gender (circle one): Male Female Marital Status (circle one): Single Married

Emergency Contact Name and Phone Number: _____

Education: _____ Teaching Experience: _____ years

Occupation: _____ Employer: _____

Church where you are a member: _____

Please list any professional certifications and/or skills, including applicable license numbers: _____

Bilingual (circle one): Yes No Language(s): _____

How did you hear about M-POWER Ministries? _____

What do you hope to gain from your volunteer experience? _____

I am interested in volunteering in the (circle one): Education Center Health Center

I am interested in filling the following volunteer role(s): _____

Please circle the days you wish to volunteer and write out your availability on those days:

MONDAY: _____

TUESDAY: _____ THURSDAY: _____

WEDNESDAY: _____ FRIDAY: _____

PLEASE PRINT IN ORDER TO INITIAL AND SIGN BY HAND.

Volunteer Confidentiality Agreement

Respecting the privacy of our clients, donors, members, staff, volunteers, and of M-POWER Ministries itself is a basic value of M-POWER. 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 M-POWER Ministries may be exposed to information that is confidential and/or privileged and proprietary in nature. It is the policy of M-POWER Ministries that such information must be kept confidential both during and after employment or volunteer service. Staff and volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service.

In addition, certain volunteers serving in the Health Center will be required to take HIPAA training.

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.

I agree that should I have any questions as to the propriety of release of any information, I will request clearance from M-POWER. **INITIALS** _____

Waiver and Release of Liability

In consideration of being allowed to volunteer my services at M-POWER Ministries, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all such risks and assume full responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless M-POWER Ministries, its officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

INITIALS _____

Consent, Authorization, and Release for Photograph and Video (including audio)

I consent to the use and copyright of a photograph and/or video (including audio), in which I am included for use in training and publications of M-POWER Ministries, Inc. I acknowledge that M-POWER Ministries, Inc. is the sole owner of this photograph and/or video (including audio) in which I am included and can use it as well as any printed matter related to the photograph and/or video (including audio). I release M-POWER Ministries, Inc. and its legal representatives from any legal responsibility related to the photograph and/or video (including audio) in which I am included.

INITIALS _____

Background Check Information

I certify that the information in this Volunteer Application is true, correct and complete to the best of my knowledge. I authorize M-POWER Ministries to verify any and all information I provided by contacting appropriate sources. I understand that for the protection of clients, volunteers and staff, all adults (age 18 and up) must voluntarily authorize a background check and I hereby authorize such background check. Your answers to the following questions do not automatically disqualify you from volunteering.

Do you know of any reason(s) that you might not be able to obtain a clear background check? (circle one): Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? (circle one): Yes No If yes, list the conviction and date: _____

Have you ever been convicted of child abuse or sex-related crimes? (circle one): Yes No

If yes, list the conviction and date: _____

Within the last 5 years, have you been convicted of, or ended a period of incarceration resulting from, a conviction for a misdemeanor?

(circle one): Yes No If yes, list the conviction and date: _____

I am in agreement with the terms of all four preceding sections.

SIGNATURE _____

DATE _____