

# Family Guidance Center Volunteer Application

Thank you for your interest in volunteering with our agency. Please complete this application in its entirety. Training is required for volunteer areas involving direct services to clients.

**Date of Application:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_  
FIRST MIDDLE LAST

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
CITY/STATE ZIP **Email:** \_\_\_\_\_

**Preferred contact method (choose one):** Email / Call / Text **Best time to contact:** \_\_\_\_\_

**Education Level:** \_\_\_\_\_ **College Major:** \_\_\_\_\_

**Place of Employment:** \_\_\_\_\_ **Job Title:** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**VOLUNTEER INTERESTS:** Please rank in order of interest level, with 1 being most interested.

\_\_\_\_\_ **SHELTER:**

- \_\_\_ Sorting Donations
- \_\_\_ Cleaning
- \_\_\_ Support staff

\_\_\_\_\_ **OFFICE WORK**

- \_\_\_ Answering phones
- \_\_\_ Filing
- \_\_\_ Clerical work
- \_\_\_ Sorting donations
- \_\_\_ Database entry
- \_\_\_ Whatever is needed
- \_\_\_\_\_ Fundraising events (Varies)

\_\_\_\_\_ **THRIFT STORE:**

- \_\_\_ Making Displays
- \_\_\_ Sorting Donations
- \_\_\_ Cleaning/Maintenance
- \_\_\_ Hanging Clothes
- \_\_\_ Keeping floor stocked
- \_\_\_ Work with customers

**Time committment:** Please indicate in the table below what hours you are available each day.

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
|        |        |         |           |          |        |          |



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Will you be volunteering on an ongoing basis or until you have met your required number of hours (ex. community service)? Choose one.

- Ongoing  
 Until hours are met (# of hours needed \_\_\_\_\_)

How many hours per week would you like to volunteer? \_\_\_\_\_

How often do you want to volunteer? Choose from the following:

- Weekly \_\_\_\_\_    Twice a month \_\_\_\_\_    Once a month \_\_\_\_\_    Occasionally \_\_\_\_\_  
 (When there is a special need)

**In addition to the interests already listed, I am willing to:**

- participate in occasional fundraising events  
 serve on fundraising committees  
 help with special events  
 help in developing community resources and support

**I am interested in further training for the following activities:**

- leading support groups  
 speaking to community groups  
 accompanying victims to court  
 other areas \_\_\_\_\_

Do you have any special skills, talents, etc. that you'd like to use in your volunteer service? Please explain. \_\_\_\_\_

Please provide three (3) references below:

|                                 | Reference #1 | Reference #2 | Reference #3 |
|---------------------------------|--------------|--------------|--------------|
| Name                            |              |              |              |
| Relationship                    |              |              |              |
| Phone number<br><u>OR</u> Email |              |              |              |

# Family Guidance Center

## Volunteer Application

I am authorizing Family Guidance Center to contact the above references. I understand and agree that all reference information will be confidential and will not be disclosed to me.

I also understand that Family Guidance Center is held accountable for all volunteers who are accepted. To ensure that the agency fulfills its volunteer screening requirements, the following information is required.

1. Have you ever been convicted of a crime? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
2. Have you ever been arrested for driving under the influence? \_\_\_\_\_
3. Do you have a history of substance abuse? \_\_\_\_\_  
If yes, please explain. \_\_\_\_\_
4. Have you ever been accused of or charged with child abuse? \_\_\_\_\_

I affirm that all the information provided is accurate.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**RETURN TO:** FAMILY GUIDANCE CENTER  
17 HWY 70 SE  
HICKORY, NC 28601  
OR  
MKerekes@FGCServices.com

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## VOLUNTEER WAIVER

Please read, complete, and sign the following form to participate in services to our agency.

### VOLUNTEER INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone or email: \_\_\_\_\_  
(Optional if you would like us to contact you for other volunteer opportunities.)

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

### VOLUNTEER AGREEMENT

As a volunteer, I release and hold harmless Family Guidance Center's Board of Directors and staff and their successors from any and all claims, costs, suits, actions, judgement or expenses upon any damage, loss or injury to me or to my property which may arise from my volunteer service.

I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them.

I also give permission to be photographed by project partners or the media for use in printed materials, through the internet or through other media outlets.

Please check this block if you wish to decline permission to be photographed.

In signing below, I acknowledge that I have read and understand this volunteer agreement.

Signature: \_\_\_\_\_

Note: If the volunteer is under the age of 18, a parent or legal guardian must sign.

Parent Signature: \_\_\_\_\_



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## ASSURANCE OF CONFIDENTIALITY

(MUST BE SIGNED BY VOLUNTEERS AND/OR ANY OTHER AUTHORIZED INDIVIDUALS/GROUPS PROVIDING SUPPORT SERVICES)

I understand and agree to comply with the Confidentiality Policy developed by the Family Guidance Center Board of Directors to insure the privileged and confidential nature of client information.

In accordance with the policy, I agree to hold CONFIDENTIAL all information about the Family Guidance Center and the people I see there or may know about. I agree not to divulge any confidential information to unauthorized persons. I further agree not to divulge the location of the agency's Safe Shelter to anyone as I understand that could endanger the lives of staff and residents.

I also understand that my failure to comply with the provisions of the Confidentiality Policy may constitute a misdemeanor punishable by fine or imprisonment.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WITNESS \_\_\_\_\_ TITLE \_\_\_\_\_

PURPOSE OCCASIONING SIGNATURE:

\_\_\_\_\_