



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: ___ Email ___ Call ___ Text Best time to contact: _____

Education Level: _____ College Major: _____

Place of Employment: _____ Job Title: _____

Emergency Contact: _____

Relationship: _____ Phone: _____

VOLUNTEER INTERESTS: Please select duties you are interested in.

SHELTER:

- Sorting Donations
- Cleaning
- Support Staff
- Other: _____

OFFICE:

- Receptionist
- Filing
- Clerical work
- Sorting donations
- Database entry
- Whatever is Needed
- Fundraising Events (Varies)
- Other: _____

Time commitment: 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 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
 shelter advocate
 other areas _____

Do you have any special skills, talents, etc. that you would 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 <u>OR</u> Email			



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I am authorizing the 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 the 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 a crime against a minor? _____
If yes, please explain. _____

I affirm that all the information provided is accurate.

SIGNED: _____ DATE: _____

RETURN TO: FAMILY GUIDANCE CENTER
17 HWY 70 SE HICKORY, NC 28602

OR

EMAIL COMPLETED FORM TO VOLUNTEER@FGCSERVICES.COM



Volunteer Application
VOLUNTEER WAIVER

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

VOLUNTEER INFORMATION

Name: _____

Address: _____

Phone or email: _____

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 box 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:
