

Individual Volunteer Application

				Today's Dat	:e:/
Name:				Birth Date:	/
Address:		City:		State:	Zip:
Mobile Phone: ()	Home	Phone: (_)	
Email Address:					
Gender: □ Female	e (she/her) 🗆 Ma	le (he/him) □ Ot	her (preferr	ed pronouns)	
Marital Status: □	Single Married	☐ Widowed Sp	ouse Name	e: (if applicable)	
Active Duty Milita	ary: □ Yes □ No	Church Name: (if	applicable)		
Are you bilingual	? □ Yes □ No	If yes, list language	·(s):		
Employer: □Currer	nt □Former		Position	ı:	
Days and times av ☐ Monday ☐ Mornings	☐ Clinic ☐	Client Services eer: Wednesday On Call	□ Thur □ Othe	sday 🗆	l Friday
What experience, g	jifts and/or skills w	ould you like to sha	are?		
If yes, please expla Have you ever plea	in:ad guilty to, or bee	sical limitations we n convicted of a cri	me? \square Yes	□ No	
In case of an em	ergency, please c	ontact:			
Name:	Mobile Phone:				
Relationship:		Work/Home Phone:			
For Staff Use Only:	☐ Director notif	ied (date)	🗆 Bloo	merang #	□ Name T

How did you hear about volunteering at GHCCM?
By signing this document, I certify that I have answered truthfully and have not knowingly withheld any information relative to my application. I understand that any misrepresentation or material omission of the application will result in my being eliminated from further consideration. I further understand that, if accepted, any misrepresentation on written applications or in interviews that becomes known to GHCCM may result in immediate dismissal.
 I authorize all previous employers and supervisors, including all persons with and for whom I have worked, to give GHCCM's representative any relevant information regarding my previous employment and job performance. I release GHCCM and all previous employers and supervisors from liability for any damages that may result from furnishing information to GHCCM. I agree to abide by existing and future instruction, rules, and policies of GHCCM. I understand that my volunteer position can be terminated at any time, at the option of either GHCCM or myself. I agree that I offer my services as a volunteer with no expectation of compensation and that I fully understand that I will be required to successfully complete volunteer orientation training before I begin volunteering with GHCCM. I understand that I am spending time as a volunteer at GHCCM and that I may be involved in activities that have potential risk of injury. I agree that I will only perform the volunteer activities that I am comfortable doing. I agree that I will not hold GHCCM responsible for any damage or injury arising from my participation in volunteer activities unless the damage or injury is due to gross negligence on GHCCM's behalf. I agree to be responsible for my behavior and for any damage or liability arising out of my activities as a volunteer. In addition to releasing GHCCM from liability due to injury, I grant full permission for GHCCM to use photographs, film, or videotape of me or my likeness for reasonable, legitimate, and lawful business purposes. I have fully read and understand GHCCM's Volunteer Code of Conduct, Confidentiality, and Certification Agreements and agree to abide by all GHCCM policies and procedures.
Volunteer Name (printed) Volunteer Signature Date

Date

Parent Signature (required for ages 17 and under)



31 1st Avenue SE, Hickory, North Carolina 28602

828.327.0979 fax. 828.327.9102

info@ccmhickory.org

VOLUNTEER WAIVER AND CONSENT TO BACKGROUND CHECK

Greater Hickory Cooperative Christian Ministry (GHCCM) has my permission to conduct a background check on me. I understand that this background check will cover information including, but not limited to, criminal history, education, and/or employment. I hereby release GHCCM, and its elected officials, employees, agents, and assigns, as well as the company performing the background check and its employees, from all liability resulting from the furnishing of this information.

I certify that the statements made by me on this form are true, complete, and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made herein could void my consideration as a GHCCM volunteer.

I understand that this information will be held in confidence by GHCCM and will not be released to any party.

Print Full Legal First Name: _	
Print Full Legal Middle Name	e: (If no middle name, print NONE)
	,
Print Full Legal Last Name: _	
Email Address:	
Social Security #:	
Date of Birth:	
Street Address:	
City/State/Zip:	
Signature:	Date: