



Individual Volunteer Application

Today's Date: ____/____/____

Name: _____ **Birth Date:** ____/____/____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Mobile Phone: (____) _____ **Home Phone:** (____) _____

Email Address: _____

Gender: Female (she/her) Male (he/him) Other (preferred pronouns) _____

Marital Status: Single Married Widowed **Spouse Name:** (if applicable) _____

Active Duty Military: Yes No **Church Name:** (if applicable) _____

Are you bilingual? Yes No If yes, list language(s): _____

Employer: Current Former _____ **Position:** _____

Areas of Interest (please select 1st, 2nd, and 3rd choice):

Administrative Clinic Client Services Pharmacy Maintenance/Cleaning

Days and times available to volunteer:

Monday Tuesday Wednesday Thursday Friday
 Mornings Afternoons On Call Other _____

What experience, gifts and/or skills would you like to share? _____

Do you have any health issues or physical limitations we should know about? Yes No

If yes, please explain: _____

Have you ever plead guilty to, or been convicted of a crime? Yes No

If yes, please explain: _____

In case of an emergency, please contact:

Name: _____ Mobile Phone: _____

Relationship: _____ Work/Home Phone: _____

For Staff Use Only: Director notified (date) _____ Bloomerang # _____ Name Tag

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.

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.

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- 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

Parent Signature (required for ages 17 and under)

Date

- 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

Parent Signature (required for ages 17 and under)

Date

VOLUNTEER NON-DISCLOSURE AGREEMENT (CONFIDENTIAL)

This agreement applies to the volunteer known as _____, hereinafter known as the "Volunteer", associated with and/or involved in the activities or affairs of Greater Hickory Cooperative Christian Ministries, hereinafter known as the "GHCCM".

All data, materials, knowledge and information generated through, originating from, or having to do with Company or persons associated with its activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party. This includes, but is not limited to, pages, forms, information, designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, e-mail lists, e-mail messages, client, staff or public information is confidential and the sole property of Company.

In addition, this also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client information, including all file information, is not be disclosed to any third party, under any circumstances, without the written consent of the Company.

Any disclosure, misuse, copying or transmitting of any material, data or information, whether intentional or unintentional, will subject Volunteer to disciplinary action, prosecution, and/or monetary damages according to the procedures set by Company and any applicable laws.

The signature of the Volunteer below acknowledges his/her agreement to the aforementioned terms.

Volunteer's Signature _____ **Date** _____

Print Name _____



🏠 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: _____
(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: _____