

Volunteer Application

Confidential



GENERAL INFORMATION

TODAY'S DATE: _____

Name: _____ Birthdate: _____

Address: _____ Phone #1: _____

City: _____ State: _____ Zip: _____ Phone #2: _____

E-Mail Address: _____

Church Affiliation: _____

Emergency Contact: _____ Phone #: _____

OCCUPATION

Employer: _____ Phone #: _____

Job Title: _____

Responsibilities: _____

Work Restrictions/Special Needs: _____

ADDITIONAL INFORMATION

Are you associated with a service group: **YES** **NO**

If yes, please complete the service group section on back of sheet.

Have you ever been a guest in our Shelter Program: **YES** **NO**

Have you ever been a participant in our New Life Program: **YES** **NO**

Have you ever been convicted (plead guilty or been found guilty) of a misdemeanor or felony? **YES** **NO**

If YES, list any and all convictions and provide dates of each.

(Your response to these questions will not automatically disqualify you from volunteering. However, falsifying or omitting information will be grounds of disqualification.)

DAYS AND HOURS AVAILABLE

Sun: _____

Mon: _____

Tues: _____

Wed: _____

Thurs: _____

Fri: _____

Sat: _____

SITE PREFERENCE

Using a 1-10 scale please indicate your preference in location, 10 being the highest.

Development/Administration	Men's Ministry
Donation Center	Reception/Front Desk
Emergency Warming Center	Street Outreach
Housekeeping/Maintenance	Women's Ministry
Kitchen	Youth Ministry

REFERENCES *Please provide two, if possible.*

1) Name: _____	Phone #: _____
Email: _____	
2) Name: _____	Phone #: _____
Email: _____	

SERVICE GROUP INFORMATION *If you are involved with a service group please complete this part of the application.*

Group Name: _____	Phone #: _____
Address: _____	
City: _____ State: _____ Zip: _____	
Volunteer Coordinator: _____	Phone #: _____
E-Mail Address: _____	

COMMUNITY SERVICE/PROBATION/PAROLE VOLUNTEERS*Fill out only if applicable.*

Reason for required service hours: _____	
<i>IF APPLICABLE:</i>	
Probation or Parole Officer : _____	Number of hours Needed: _____
E-Mail Address: _____	Phone #: _____

CONFIDENTIALITY AGREEMENT, PHOTO RELEASE, AND APPLICATION COMPLETION

I, hereby acknowledge and agree that by signing this waiver, I am also agreeing to adhere to the policies and regulations outlined in the Erie City Mission Volunteer Handbook, which can be found on the organization's website: eriecitymission.org. I certify that all information submitted by me on this application is true and complete. I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and active volunteer status may be terminated at any time.

I further understand and agree that all data, materials, knowledge, and information generated through, originating from, or having to do with the Erie City Mission or persons associated with our activities are considered privileged and confidential and are not to be disclosed to any third party.

I also acknowledge that any photo taken of me or my family may be used by the Erie City Mission for promotional or informational purposes.

In consideration of my volunteer application, I agree to adhere to the policies and regulations of ECM, and I understand that my volunteer status can be terminated at any time, with or without cause, by the Erie City Mission.

Volunteer Name (Print) _____ Date _____

Volunteer Signature _____

GUARDIAN PERMISSION

I, the parent or legal guardian of the above youth, verify the student information and give my permission for them to volunteer at the Erie City Mission.

Signature: _____ Phone #: _____

Thank you for your application!

If you have any questions, contact the Volunteer Coordinator, Sherri Gould
814/452-4421 x242 or sgould@eriecitymission.org