



INTERFAITH CARING MINISTRIES Volunteer Application Form

Last Name: _____ First Name: _____ Application Date: _____

Date of Birth: _____ Preferred Contact Phone #: _____

Address: _____

My special skills: _____

Volunteer Availability

Date	Mornings	Afternoons	Evenings
Mon			
Tue			
Wed			

Date	Mornings	Afternoons	Evenings
Thurs			
Fri			
Sat			

Please mark volunteer program(s) of interest:

<input type="checkbox"/> Client Interviewer (mornings)	<input type="checkbox"/> Client Services Receptionist (afternoon)	<input type="checkbox"/> Resale Shop Donation Sorter (flexible)	<input type="checkbox"/> Food Pantry (mornings)
<input type="checkbox"/> Admin Clerical (flexible)	<input type="checkbox"/> Mailings (occasional)	<input type="checkbox"/> Senior Food Delivery (once monthly)	

Emergency Contact Name: _____ Relationship: _____

Phone #1: _____ Phone #2: _____

VOLUNTEER WAIVER AND RELEASE and CONFIDENTIALITY RELEASE

In consideration for being permitted to volunteer for Interfaith Caring Ministries, I do hereby release, waive, discharge, and hold harmless Interfaith Caring Ministries, its employees, and the Board of Directors, resulting from or related to any injury or loss that may occur. The PROVIDER acknowledges, in using their own vehicle, their insurance carrier is solely responsible for their insurance coverage and for any and all claims arising from any activity under this agreement.

All information is confidential, and I agree that I will not use or disseminate any information to which I have access through my volunteer service with Interfaith Caring Ministries for any purpose other than what is authorized or directed by the Interfaith Caring Ministries staff person, to whom I am assigned.

My signature below verifies I have read and understand the Waiver and Confidentiality Agreement and, all the information I have provided on this application is true. I am also acknowledging that I am consenting to a background check, as stated on the attached "Volunteer Consent and Disclosure" attached to and made a part of this application.

Volunteer Signature _____ Date _____

Signature of Parent (if child is younger than 18)