



INTERFAITH CARING MINISTRIES

Volunteer Application Form – Non-Court Ordered Community Service Hours

Last Name: First Name: Application Date:

Date of Birth: Age: Preferred Contact Phone #:

Address:

Email Address:

Service hours needed for:

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.

Volunteer Signature Date

Signature of Parent (if child is younger than 18)

Total Hrs Required: Total Hrs Completed: Manager Signature: Date:

Table with 6 columns: DATE, TIME IN, ICM SUPERVISOR INITIALS, TIME OUT, SUPERVISOR INITIALS, TOTAL HOURS

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