

CONNECTIONS ON THE PARKWAY, INC

Volunteer Application and Agreement Form

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or

Guardian if under 18 years: _____

*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____ Telephone : _____ (H); _____ (O)

_____ Cell: _____ Fax: _____

_____ Email: _____

Company or Volunteer Group Name: _____

Date of Birth: _____ Driver's License No. _____ SSN: _____

Emergency

Contact: _____

(Name)

(Telephone #; Indicate Home, Work or Cell)

(Relationship)

Do you have any friends/family members who are employed or volunteer here? ____ Yes ____ No

When you are available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Types of volunteer work you think you'd be most comfortable with (*check all that apply*):

Back2Basics

___ Budgeting/Financial Management

___ Computer/Technology

___ Happy Meals (Education/Nutrition/Health)

___ Workshops

Fundraising Activities

___ Community Garage Sale

___ Golf Tournament

___ Silent Auction

___ 5K Run/Walk

___ Other Events

Office Administration/Projects

Back2Basics Plus (B2B+)

___ Instructor

___ Volunteer/Helper

___ Workshop/Speaker

Grant-Writing, Administrative & Clerical Responsibilities

___ Grant writing (Research/Writing/Review)

___ Marketing

___ General office work (administrative)

___ Information Technology (IT)

Gardening

___ Instructor

___ Volunteer/Helper

___ Workshop/Speaker

___ Curriculum Dev

___ Training

___ Writing

___ Proofreading

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo/Yr. to Mo./Yr. _____

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Have you ever been adjudged civilly or criminally liable for abuse of an individual? No ____ Yes ____;

Have you been convicted of a crime? No ____ Yes ____ If yes, please describe below:

BACKGROUND CHECK: CONNECTIONS requires volunteers working with clients and privacy act information to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. Screening must be completed before volunteers begin working with clients.

_____I agree to have a background check performed by local Sheriff/Police Department and provide along with the completed application. The estimated cost is \$20.00 which I agree to pay and obtain.

HEALTH: CONNECTIONS requires that all volunteers with close client contact obtain health/medical insurance to cover them in case of illness. *Connections is not responsible for sickness or illness and you must have your own medical and/or health coverage.*

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ Mailing Address: _____

Tele. No.: _____

Name: _____ Mailing Address: _____

Tele. No.: _____

_____ I need the following accommodation(s) to work as a volunteer: _____

_____ I don't need any accommodation.

As a volunteer for CONNECTIONS, I agree to abide by all applicable rules and regulations of the agency. I understand that I will receive *no monetary benefits (unless by written contract)* in return for my volunteer service and that CONNECTIONS may terminate this agreement at any time without prior notice for any reason. I hereby authorize CONNECTIONS to check my references, and I understand that a criminal background check is required. ***I also promise to serve on a specific project until completion which is normally 3 to 6 months.*** I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be cause for rejection of this application or dismissal.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. If selected as a fit for volunteer work, I agree to an *interview* with CONNECTIONS management and agree to attend a mandatory *orientation* to effectively perform my volunteer role.

I agree to not disclose or use in any capacity any financial, Privacy Act or any other organizational data belonging to and/or developed by CONNECTIONS without written permission from the Executive Director.

I hereby Release and Waive liability against CONNECTIONS, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I may suffer in connection with any volunteer work for CONNECTIONS. Further, I agree that CONNECTIONS, is not liable for any damage to my property resulting from volunteer work. I agree that this release is as broad and inclusive as permitted by the laws of the State of Georgia.

Signature: _____ **Date:** _____