

Volunteer Application

Name (Last)	(First)	(Middle)
Mailing Address		Apt #
City	State	Zip
Phone Number	E-mail Address	
Date of Birth	Social Security Number (required for Background Check)	
Church	Drivers License Number (required for Background Check)	
Occupation	License Expiration Date (required for Background Check)	

Clearinghouse

Area of interest:	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Caseworker
Availability:	<input type="checkbox"/> AM 9:30-1:00	<input type="checkbox"/> PM 1:00 – 3:30
Check all that apply:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

Transportation

Military ID / Access <input type="checkbox"/> YES <input type="checkbox"/> NO	Vehicle Year	Vehicle Make / Model
Vehicle Color	License Plate Number	# Seat Belts
Availability	<input type="checkbox"/> AM 7:30-12:00	<input type="checkbox"/> PM 12:00 – 6:30
Check all that apply:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday	

Relational Ministry

Areas of Interest:	
Check all that apply:	<input type="checkbox"/> Mentor <input type="checkbox"/> Teacher <input type="checkbox"/> Child Care <input type="checkbox"/> Assistant
Availability:	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday

Loving Families

Check all that apply:	<input type="checkbox"/> Overnight Host <input type="checkbox"/> Meal Prep <input type="checkbox"/> Coordinator
Availability:	

Confidentiality Statement

I agree to take extreme care to protect the confidentiality of all individuals and churches involved in the Love INC ministry. I will hold any information obtained by me or to which I have access in the strictest confidence. I will not disclose or discuss information regarding any individual or church to anyone other than the appropriate Love INC personnel.

I understand that failure to comply with Love INC's confidentiality standards as stated above may result in termination of current and future volunteer activity with Love INC., and possible legal recourse should I bring harm to an individual as a result of not abiding by this agreement.

By signing below I agree to abide by Love INC's Confidentiality Statement.

Volunteer Release of Liability Waiver

In consideration of volunteering for Love In the Name of Christ of the Tanana Valley, to participate in any and all activities, and including but not limited to facilities, vehicles, churches and any other related properties where activities take place,

1. I will abide by the policies, guidelines, rules, restrictions, and instructions given to me by Love INC staff and Love INC volunteers.
2. I will not hold responsible any Love INC or staff for any damages that may come to me or any of my family members while volunteering for any Love INC program. I will not hold any of the above responsible for personal body or property damages or loss or theft of personal property.
3. I agree to take all reasonable precautions to avoid injury to myself and to others and damage to property. I acknowledge that I am participating at my own risk and that Love INC makes no warranty or representation, express or implied, regarding the condition or safety of properties and/or equipment used in the program.
4. I agree to waive and release Love INC, its officers, directors, employees and volunteers from any and all claims, liabilities, losses, damages, costs and expenses resulting from any injury to me and my children accompanying me or damage to my or their property arising out of my or their presence at the property, travel to or from the property, or any and all participation with Love INC. I agree to be responsible for any injuries caused by my willful failure or the willful failure of my children to follow instructions or to act in a reasonably prudent manner, or of any inaccurate statements I have made on this form.

I acknowledge that I understand the content of this release, that I have presented this release to the Love INC staff, and that I am at least 18 years of age. I acknowledge that I make this agreement individually and on behalf of my child(ren) to Love INC to allow me and the minor child(ren) to participate in Love INC's programs and services.

Authorization for Criminal Records Verification

All adults over the age of 18 must complete a background check to be in contact with the guests of the Loving Families program. Love INC will provide the background verification for all volunteers.

I authorize Love In the Name of Christ to conduct a criminal background investigation as part of its volunteer screening. I authorize and consent, without reservation to the retrieval of information that may include but not limited to federal, state, or county level agencies, insurance sources, and criminal history.

I certify that all of the answers set forth on the application for are true and complete to the best of my knowledge.

Signature of Volunteer: _____

Date: _____

Love INC Office Use	<input type="checkbox"/> Background	<input type="checkbox"/> GEN	<input type="checkbox"/> LINC	Received:
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