



VOLUNTEER APPLICATION

Name

Address

City

Zip

Email

Birthday

Cell #

Home #

_____ Adult (over 18 and/or not in school) _____ Student. If so, what school? _____

How did you hear about EFBHNM?

If you come from a local congregation or parish, please tell us which one:

Previous volunteer experience:

Who is your current/past employer?

Retired?

Does your job have a volunteer matching (grant) program? Yes No

What languages do you speak other than English?

In case of emergency contact:

Name

Relationship

Phone Number

Please list any allergies, medical conditions or handicaps of which we should be aware:

Availability:

Monday Tuesday Wednesday Thursday Friday Saturday

Morning Afternoon Evening

How often would you like to volunteer:

Weekly Monthly Other: _____

General areas of interest:

Food Pantry Resale Shop Financial Assistance Administration Fundraising

EFBHNM Mission, Vision & Values

Mission:

To address the basic human needs of persons in temporary financial crisis in East Fort Bend County.

Our Beliefs:

We believe faith is expressed in caring for the poor, the homeless and all who have no access to the abundant resources our society possesses.

We unite with others in our community who believe loving our neighbors and serving those in need is an essential expression of one's love for, and desire to serve, the Living God.

We are confident working together will enrich our relationship and expand the scope of our service.

Our Core Values:

It is our objective to respect the dignity and value of every individual and to offer assistance with humility and compassion.

Our Goals:

Our goal is to alleviate hunger & raise our community's awareness of problems of the needy in our area by:

- Efficiently administering the Interfaith Food Pantry.
- Aiding persons and families in temporary crisis situations.
- Helping persons understand and utilize resources within the community.

As an East Fort Bend Human Needs Ministry (EFBHNM) volunteer, I support this mission statement and agree to abide by all policies and procedures of EFBHNM in this endeavor. Accordingly, I understand and agree that I will abide by these policies and procedures at all times while I am engaged in volunteer services for EFBHNM. In addition, I acknowledge that my services for EFBHNM are purely voluntary and neither EFBHNM nor I intend to create any employment, consultant or independent contractor relationship now or at any time in the future. I understand that I will not receive any pay, health and welfare benefits or other privileges of employment for performing volunteer services for EFBHNM. Moreover, I understand that I am not eligible for workers' compensation benefits in case of any injury or illness that result from the volunteer work. _____ **(Initial Here)**

Waiver and Release of Liability

I understand that on account of my participation as a volunteer for East Fort Bend Human Needs Ministry (EFBHNM) I may be exposed to some foreseen and unforeseen risks. I knowingly accept such risks and, fully understanding such risks, nonetheless wish to participate as a volunteer for EFBHNM. Therefore, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, and to the extent permitted by law, I hereby forever waive, discharge and release any and all liability, claims, demands, causes of action, suits and rights of whatever kind or nature, either in law or in equity, I, or anyone else on my behalf, might have against EFBHNM or its officers, directors, agents, representatives, employees, volunteers, successors and assigns (collectively, the "EFBHNM Affiliated Persons"). Further, I agree that I will not, nor will I allow anyone else acting on my behalf to, bring or maintain any lawsuit or other action against EFBHNM or any EFBHNM Affiliated Person for any claim that I might have arising out of my participation in any activities sponsored by, sanctioned by or approved by EFBHNM or any EFBHNM Affiliated Person. For the purpose of implementing a full and complete release, I understand and agree that this waiver is intended to include all claims, if any, which I may have and which I do not now know or suspect to exist in my favor against EFBHNM and this waiver extinguishes those claims.

I understand and acknowledge that this Waiver and Release of Liability discharges EFBHNM and any EFBHNM Affiliated Person from any liability or claim that I may have against EFBHNM or any EFBHNM Affiliated Person with respect to any bodily injury, illness, death, or property damage that may result from my participation as a volunteer for EFBHNM, WHETHER OR NOT CAUSED BY THE NEGLIGENCE OF EFBHNM OR ANY EFBHNM AFFILIATED PERSON. I also understand that, except as otherwise agreed to by EFBHNM in writing, neither EFBHNM nor any EFBHNM Affiliated Person is responsible for or obligated to provide financial assistance to me or to anyone else, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

I hereby warrant that I am of full age and have the right to contract my own name. I have read the above Waiver and Release of Liability prior to its execution and I voluntarily bind myself to its terms.

_____ **(Initial Here)**

Confidentiality Policy

It is the policy of EFBHNM that directors, volunteers and employees of EFBHNM will not disclose confidential information belonging to, or obtained through their affiliation with EFBHNM to any person unless EFBHNM has authorized disclosure or if it is required by law. This information includes all communications, observations and information made by, between or about clients of EFBHNM. This includes, but is not limited to, all client service and administrative records and computer records, including any and all logs and/or records resulting from telephone contacts or any other work product of

employees or volunteers related to recipients of service. In addition, each person will not, at any time, directly or indirectly divulge, disclose or communicate to any person, firm, or corporation any confidential information concerning any matters affecting or relating to the business of EFBHNM including manner of operation, its plans or any of its processes. Information is deemed "confidential" if it is not readily known and available to the general public. EFBHNM will respect the privacy of individual donors and except where disclosure is required by law, will not sell or otherwise make available the names and contact information of its donors. Any donor which request to remain anonymous will not be reported in annual or board reports other than as "Anonymous". Personnel files are to be kept in a secure, locked file cabinet and accessed only by authorized personnel. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared. Directors, volunteers and employees should take precautions to avoid unauthorized or inadvertent disclosures of confidential information. Upon separation from the board, end of volunteerism or employment, all confidential information should be destroyed or returned to EFBHNM for proper handling and verbal disclosure is still not permitted upon departure. Failure to adhere to this policy will result in discipline, up to and including separation of service or employment with EFBHNM. This policy is intended to protect you as well as EFBHNM because in extreme cases, violations of this policy also may result in personal liability.

_____ **(Initial Here)**

Media Release

I hereby grant to East Fort Bend Human Needs Ministry (EFBHNM) permission to publish photographs and/or video of me or otherwise use my likeness for EFBHNM materials. Photos/video may be used for EFBHNM publications, media spots/interviews and online marketing including the EFBHNM Facebook page. This includes any photographs or video in which I may be included as a group member or as background. I understand that I will not receive compensation of any kind and that any such photograph or video or other likeness of me may be reproduced by any means currently existing or developed in the future. I hereby warrant that I am of full age and have the right to contract my own name. I have read the above authorization prior to its execution and I voluntarily bind myself to its terms.

_____ **(Initial Here)**

Signature of volunteer Date

Parent/Guardian Signature (if volunteer is under 18)

Print Name