

KING OUTREACH MINISTRY
VOLUNTEER APPLICATION, RELEASE OF LIABILITY & AGREEMENT
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OFFICE USE ONLY:	
First Contact Date:	Orientation Date:
Date Active:	Job Description:
Location Assigned:	
Team Assigned if Main Office:	

PERSONAL INFORMATION:			
Last Name:	First:	MI:	Birthday: (Month & Day only)
Home Address:			
City:	State:	Zip Code:	Home Phone No.:
Cell Phone No.:	Email Address:		
Person to Notify in Case of Emergency:			Relationship:
Their Home Phone No:	Work Phone No.:	Cell Phone No.:	
Any Medical Information/History that we need to be aware of?			
			Known Allergies:

VOLUNTEER PLACEMENT DATA:
Volunteer Experiences (please include current and previous organizations and activities :)

PREFERRED LOCATION TO VOLUNTEER:
<input type="checkbox"/> Main Office <input type="checkbox"/> Thrift Shop

Why do you want to become a volunteer with King Outreach Ministry:

<p style="text-align: center;">How did you become aware of volunteer opportunities at King Outreach Ministry?</p> <p> <input type="checkbox"/> Friend <input type="checkbox"/> Church <input type="checkbox"/> Newspaper <input type="checkbox"/> Speaking Engagement <input type="checkbox"/> Other (Please describe:) </p>

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Please indicate when you will be available as a volunteer?						
<input type="checkbox"/> Once per month	<input type="checkbox"/> Twice per month	<input type="checkbox"/> Weekends				
<input type="checkbox"/> Weekly (please indicate preferred day):	<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat
I am interested in volunteering in the following area:						
Main Office:						
<input type="checkbox"/> Food Room	<input type="checkbox"/> Clothing Room	<input type="checkbox"/> Transportation	<input type="checkbox"/> Computer Entry			
<input type="checkbox"/> Interviewer	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Internship	<input type="checkbox"/> Board Member			
<input type="checkbox"/> Thrift Store						

RELEASE OF LIABILITY

I understand that completion of this application is not a guarantee of my being offered an opportunity to become a volunteer for King Outreach Ministry. I understand and agree to a limited check of my references and background for the purpose of determining my suitability to be a volunteer for King Outreach Ministry.

_____ Date: _____
 Volunteer Applicant Signature

_____ Date: _____
 Executive Director/Thrift Shop Manager Signature

VOLUNTEER CONFIDENTIALITY AGREEMENT
KOM Main Office

- ❖ I promise to hold in confidence all information regarding clients served by King Outreach Ministry.
- ❖ I will not violate the confidential relationships between KOM, its clientele, staff and volunteers.
- ❖ I will not remove from the office any written records or copies thereof. Any written records I may be responsible for producing shall be and will remain part of the KOM internal files.
- ❖ I accept full responsibility for maintaining the confidential and private nature of all records and information. I further understand that I can discuss cases assigned to me or with which I assist only with the Executive Director, other volunteers, or Board members.
- ❖ I understand that any breach of confidentiality on my part will result in my automatic dismissal as a KOM volunteer.

I certify by my signature that I have read, understand, and agree to abide by the statements listed above.

_____ Date: _____
 Volunteer Signature

_____ Date: _____
 Executive Director Signature

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The intent of this agreement is to ensure the volunteers that King Outreach Ministry has a deep appreciation of their services. KOM commits to do the very best we can to make your volunteer experience a productive and rewarding one. KOM gratefully accepts the services of the volunteer, and we commit to the following:

- ❖ To treat volunteers as co-workers;
- ❖ To provide an acceptable job assignment, information, training, and assistance so that volunteers are able to feel confident in their position;
- ❖ To ensure that the volunteer receives attentive supervision and appropriate recognition;
- ❖ To respect the skills, dignity and individual needs of the volunteer and to do our best to adjust to any individual needs;
- ❖ To be receptive to any comments from the volunteer regarding ways in which we might better accomplish our respective tasks;
- ❖ To treat the volunteer as an equal partner with the ministry and staff, working together to complete the KOM mission.

As a volunteer, I agree to serve as trained to do, and by my signature below commit to each of the following:

- to work at least one shift per month and to serve as a volunteer for at least six months;
- to be dependable and perform my volunteer duties to the best of my ability;
- to adhere to policies and procedures, including record keeping and confidentiality of client information;
- to meet time and duty requirements, and if there is a need for me to be absent, to **provide adequate notice to the Executive Director or Thrift Shop Manager**, so that alternate arrangements can be made.
- I understand that three absences in a six month period without notification may be cause to terminate my volunteer services.
- to freely share information, questions, or concerns with the Executive Director or Thrift Shop Manager;
- to be a liaison between KOM and the community;
- to not pursue personal relationships with any clients outside of the context of my volunteer position. If I find myself in the situation of working with a client with whom I have a relationship, I will bring this fact to the attention of the Executive Director, and together we will decide appropriate action, if any. I will treat all clients with the same needs in a similar manner; I will show neither favoritism nor avoid working with clients I find to be difficult. If I find that I have difficulty maintaining such boundaries, I will discuss the situation with the Executive Director.
- I understand there will be no monetary compensation, services, or assistance for any volunteer work assignment.
- I understand that the resources of King Outreach Ministry are to be used solely to accomplish the mission of the ministry. I understand these resources are not to be used, or removed from these premises, for my personal use, or the personal use of others. The definition of the term “resources” includes, but is not limited to such items as furniture, computers, office supplies, files, food, medical or personal care supplies, telephones (for long distance calls), or donated items of any kind.

I certify that I have read, understand and agree to abide by the statements above.

_____ Date: _____
Volunteer Signature

_____ Date: _____
Executive Director Signature