



Physical: 1617 Park Place Ave. #110, Fort Worth, TX 76106

Bus. Cell: 682-233-0559

[www.humafaith.org](http://www.humafaith.org)

## Volunteer Application

### Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Last 4 of SS#	

### Availability

**During which hours are you available for volunteer assignments?**

Weekday mornings       Weekend mornings

Weekday afternoons       Weekend afternoons

Weekday evenings       Weekend evenings

### Interests

**Tell us in which areas you are interested in volunteering**

Administration

Events

Field work

Fundraising

Deliveries

Phone bank

Newsletter production

Volunteer coordination

Other: \_\_\_\_\_



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### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	



Removing Barriers that obstruct upward mobility!

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## Agreement and Signature

### **Confidentiality Agreement**

Applicant herein acknowledges that it will have access to certain of HUMA-FAITH Confidential Information and agrees that it shall not directly or indirectly divulge, disclose or communicate any of the Confidential Information to any third party, except as may be required in the course of any formal business association or dealings with the HUMA-FAITH and in any event, only with the prior written approval of HUMA-FAITH (e.g., the Administrator). The Applicant herein acknowledges that no license of the Confidential Information, by implication or otherwise, is granted to the Applicant herein by reason of this Agreement. Additionally, the Applicant herein acknowledges that it may only use the Confidential Information in connection with its business dealings with the HUMA-FAITH and for no other purpose without the prior written consent of HUMA-FAITH. The Applicant herein further agrees that all Confidential Information, including without limitation any documents, files, reports, notebooks, samples, lists, correspondence, software, or other written or graphic records belonging to or provided by the HUMA-FAITH or produced using HUMA-FAITH Confidential Information, will be held strictly confidential and returned upon request to HUMA-FAITH. The term of this Agreement will be ongoing as long as the Parties are working together in any formal capacity. The conditions of this Agreement shall survive the termination of this Agreement.

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand that my signature below acknowledges and accepts the terms of the Confidentiality Agreement above.

Name (printed)	
Signature	
Date	

### **Our Policy**

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.