



VOLUNTEER APPLICATION

Thank you for considering Graciously Broken Ministries, Inc. as the beneficiary of your time and talents. Please fill out this application so that we might utilize your skills and abilities to our mutual advantage.

Name _____

Date _____

Phone (_____) _____ - _____

Address _____

City _____ State _____ Zip Code _____

Email _____

SSN: _____

Do you have a relative in the Graciously Broken Ministries program? Yes____ No____

Have you been convicted of a felony? Yes_____ No_____

Please explain the nature of the felony, date, and state of conviction.

Volunteer work preferred _____

Date available to start _____

What skills/training do you wish to utilize at Graciously Broken Ministries, Inc?

Are you volunteering for a one-time event? Yes_____ No_____

If yes, what event? _____

Hours available to volunteer: (please fill in all times that apply)

Day: Sun Mon Tues Wed Thurs Fri Sat From:

To:

Volunteer History:

Organization Name: _____

Phone Number (_____) _____ - _____

Years Involved _____

Your Responsibilities _____

Professional Reference:

Name _____

Relationship _____ Years Acquainted _____

Phone Number (_____) _____ - _____

Emergency Contact Information:

Name _____

Relationship _____

Home phone number (_____) _____ - _____

Work phone number (_____) _____ - _____

Do you have any medical conditions/limitations we need to be aware of?

Are you currently taking medication? _____ If so, what? _____

How did you hear about the opportunities Graciously Broken, Inc. has to offer? _____

AGREEMENT - PLEASE READ CAREFULLY

As a Graciously Broken Ministries, Inc. volunteer, I will help Graciously Broken Ministries, Inc. achieve its mission to improve the community by improving the lives of its people through services, partnerships, collaborations, and the responsible use of common resources.

All information provided by me in support of my application for a volunteer opportunity is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or for subsequent dismissal if I am to volunteer. By signing this volunteer application, Graciously Broken Ministries, Inc. is authorized to perform a background check on the applicant, as well as authorizing the interviewer to contact the two references.

As a volunteer, I may have access to privileged information and I understand the need to keep that information confidential. It is my personal choice to volunteer at Graciously Broken Ministries, Inc. and I understand that I will not be paid while volunteering.

Applicant's Signature _____

Date _____

Please be advised that all information will be kept confidential. Upon receipt of this application, our office will contact you to discuss the status of your application. Please allow 3-4 business days for your application to be processed. If you have questions or require further information, please contact the Outreach Coordinator at Graciously Broken Ministries, Inc.

PURPOSE OF VOLUNTEER PROGRAM: Graciously Broken Ministries, Inc. encourages maximum involvement. In making assignments to specific duties within Graciously Broken Ministries, Inc., we are asking you to share your abilities to assist us where you are needed the most. Feel free to discuss any concerns you may have about the volunteer program with your volunteer supervisor. We hope that you will benefit from your volunteer experience. We welcome you as a member of the growing community of individuals whose lives have been enriched by Graciously Broken Ministries, Inc.'s efforts to help others.

Whether you are serving as an individual volunteer or as part of a small group, you provide valuable assistance to Graciously Broken Ministries, Inc. As you contribute your talent, time, and energy, we hope you know that your assistance benefits the needs of the entire community.

VOLUNTEER RESPONSIBILITIES: Be sincere in your offer of service and believe in the value of the job to be done.

We ask that our volunteers:

- Be willing to learn.
- Be willing to participate in orientation and training.
- Work to understand the function of the staff and maintain a smooth working relationship with them.
- Stay within the bounds of volunteer responsibility.
- Accept the guidance and decisions of the Outreach Coordinator and/or Facility Director.
- Maintain the dignity and integrity of community service with the public.
- Carry out your assigned duties promptly and reliably.

LIABILITY: All accidents must be reported immediately to your immediate supervisor. Graciously Broken Ministries, Inc. does not provide insurance coverage for volunteers. In the event of an accident the volunteer is responsible for obtaining and paying for treatment.

TIME: The volunteer and the director of the department of service will agree upon days and hours.

VOLUNTEER STATUS: This statement of understanding is not an offer of employment or a promise of future employment.

Individuals participating in the Graciously Broken Ministries, Inc. Volunteer Program are considered to be volunteers and therefore, not entitled to any form of compensation or employer funded benefit programs.

WORK SITES: Staff and the volunteer will agree upon the exact type of service to be performed and location of the work site location.

EMPLOYMENT: Graciously Broken Ministries, Inc. is under no obligation to hire any volunteer participating in the program.

I, the undersigned, agree to abide by the statements listed above. By signing this agreement, I state that I have received instructions in full understanding of my duties as a volunteer. I understand that either party upon notice to the other may cancel this agreement.

Signature _____

Date _____

Volunteer Confidentiality and Fraternization Agreement

All volunteers must read, agree to, and sign this form prior to starting their volunteer placement with Graciously Broken Ministries, Inc.

I, as a volunteer of Graciously Broken Ministries, Inc. agree to the following:

1. I understand that as a volunteer with, Graciously Broken Ministries, Inc. I may not fraternize (associate on intimate terms) with any Graciously Broken Ministries, Inc. staff or program participants on or off premises.
2. I understand that I should abide by the "Visitor Guidelines" (copy included).

3. I understand that in the course of my volunteer work for Graciously Broken Ministries, Inc. I may learn certain personal and confidential facts about the staff and program participants of Graciously Broken Ministries, Inc.. Examples of such information are medical conditions, background information, finances, living arrangements, etc. I understand that all such information must be treated as completely confidential. Any identifying information including descriptions of the person's circumstance or situation is also confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with Graciously Broken Ministries, Inc. without the specific consent of the individual to whom such information pertains.

4. I understand that I am permitted to speak about Graciously Broken Ministries, Inc. program participants with my supervisor for the purposes of consultation.

5. I understand that all written information is the property of Graciously Broken Ministries, Inc.

I agree to abide by the terms outlined above both during and after my time as a volunteer with Graciously Broken Ministries, Inc.

Printed Name _____

Signature _____

Date _____

Volunteer Guidelines

1. All volunteers should have valid picture I.D.
2. Special visits with residents are only allowed with "approved" immediate family or mentor.
3. Please treat all residents equally. Do not single out one resident and show special attention.
4. Residents are not allowed to develop romantic relationships while in the program. Their focus should be on growing in Christ.
5. Please never give money directly to the residents, even if it is a small amount. This is strictly enforced. Any unauthorized money on a resident will be confiscated.
6. Please do not give ANYTHING directly to the resident. All items must go thru the main office and be inspected and approved before being distributed. Including: CDs and reading material.
7. Our Program is drug and alcohol free. Do not give drugs or alcohol to our residents.
8. Please do not allow residents to use your cell phone and do not make calls for them.

9. Please do not mail letters for residents.
10. Our residents are asked not to approach visitors for favors or with needs. If the resident has a need, they are to fill out the appropriate form and submit to the office.
11. All visitors must dress appropriately. No short shorts, see through clothing, etc...
12. All children under 18 years of age must have proper approval before visiting. (Ex: written release from parent or guardian.)
13. Depending on where you are volunteering, there may be additional requirements.
Please check with the activity leader for more information.
(Ex: Food Service Volunteers should wear closed toed shoes and their hair pulled back and/or covered.)
14. Please notify the office if you have any concerns.

Contact Email

atornberg@graciouslybroken.com