

VOLUNTEER APPLICATION



	PERSONAL INFORMATION	
Male LAST	FIRST	MI
ADDRESS		APT #
сіту	STATE ZIP	Check if under 18 DOB/
PHONE	Home Cell E-MAIL Work	
I agree to allow Metropolitan Ministries to contact	me periodically via e-mail and/or telephone.	VOLID
GROUP AFFILIATION		_
(Church, S Emergency Contact	School, Business, or Civic Group Name)	
NAME	PHONE	RELATIONSHIP
volunteer service and cannot be eliminated without destributions personal injury and property damage ("Injuries and my safety or the safety of anyone who participates with n disclose any potential risks to me. I know that Injuries and staff or third parties, either as a result of negligence or coolunteer, and I voluntarily assume such risks. I further und services in connection with this experience. 2. I agree to the fullest extent allowed by law, to unconditionartners, its officers, directors, employees, agents, or those way connected with this experience, even if caused by the	n as a volunteer, I may be exposed to hazards and risks, foroying the unique character of the experience. These inhed Damages") and I acknowledge and agree that Metropolitane. I further acknowledge and agree that Metropolitan National Damages can occur by natural causes or the conduct and due to other reasons. I understand that the risk of such derstand that Metropolitan Ministries and any partners will actionally and absolutely WAIVE, INDEMNIFY, DISCHARGE AND Reacting on its behalf from any and all liability on account of the regiligence of Metropolitan Ministries or its partners, its officers, directors, employees	nerent risks include, but are not limited to, the dangers of tan Ministries and its partners assume no responsibility for Ministries and any partners have no obligation to inform of activities of other persons, volunteer participants including Injuries and Damages is inherent in my participation as all not provide any medical or mechanical assistance, care, of ID RELEASE FROM LIABILITY Metropolitan Ministries and it of, or in any way resulting from Injuries and Damages in amofficers, directors, employees, agents, or those acting on it
osses caused by my conduct. I understand and intend the parties.	at this Agreement is binding upon my heirs, executors, leg	al representatives, administrators and assigns, or any third
and its partners . I understand that by granting my consen	story, likeness and image (still or video) in connection with t, my story, image, or likeness may appear in the public me r its partners. I further relinquish all rights, title or interest	dia, including print, internet, or broadcast media, or as par
	d received a copy of Metropolitan Ministries' Volunteer Po partner. I understand that certain Volunteer Policies, in ating these policies may result in legal action.	
•	broad and inclusive as is permitted by law. If any provision der of this Agreement shall not be affected thereby and sha	, . , .
_		reely and voluntarily assume all risks of such Injuries and
Damages for volunteers and notwithstanding such risks, I a		reely and voluntarily assume all risks of such Injuries and

SIGNATURE OF PARENT/GUARDIAN: _____ PRINTED NAME: _____ DATE: ___



VOLUNTEER POLICIES



GENERAL PROCEDURES

Scheduling: Always schedule your volunteer session in advance by contacting a member of the Volunteer Team or by signing up on line. Do not report for your volunteer session until you have received confirmation from the Volunteer Team.

Registration and Signing In: Report to the Volunteer Center at 2001 N. Florida Ave to register and sign-in. DO NOT SKIP THIS STEP. You will also receive a name tag and volunteer assignment. The Volunteer Center is typically open M-F from 8:00am-5:00pm and Sa from 8:00am-4:00pm. At all other times, report to the Family Care Center at 2010 N. Florida Ave.

Dress Code: Dress modestly and wear closed-toed shoes, i.e., no sandals or flip flops, at all times. Examples of inappropriate attire include "short shorts," tight-fitting clothing, or clothing with negative or sexual innuendo. Kitchen volunteers are required to wear long pants and shirts with sleeves (no tank tops). You must have on a Metropolitan Ministries-issued name tag at all times.

Volunteer Assignments: Remain in your assigned area at all times. If you need to relocate for any reason, inform the staff member in your area and then immediately report to the Volunteer Center for reassignment.

Meals: Food at Metropolitan Ministries has been donated by the community principally, but not exclusively, for homeless and at-risk families. Only volunteers who serve four or more consecutive hours may eat food served in the Metropolitan Ministries' cafeterias.

Signing Out: At the end of your shift, report to the location where you signed in to sign out. If you do not sign out, you will only be credited for two hours. If you registered in the Volunteer Center and it is closed at the end of your shift, email or call the Volunteer Center at a later time to inform them the time that you left.

CONFIDENTIALITY AGREEMENT

Information about Metropolitan Ministries, its employees, clients, volunteers, suppliers, donors, and vendors is confidential information and may be divulged only to those within the Ministries with authorization to receive such information. Confidential information includes any information learned orally or through exposure to Metropolitan Ministries' records, files, policies, and procedures. The Ministries reserves the right to pursue all legal or equitable remedies in order to either prevent the impermissible use of confidential information or to recover damages incurred as a result of the impermissible use of confidential information.

CONDUCT

Volunteers may not use any personal electronics while volunteering. Personal electronics include, but are not limited to cell phones, MP3 players, hand held video games and headphones.

Do not participate in, condone, or be associated with dishonesty, deceit, fraud, or misrepresentation of facts.

Always speak respectfully; profanity, sexual innuendo, threatening words, and condescending tones of voice will not be tolerated.

Treat all clients with respect and without discrimination, regardless of race, sex, sexual orientation, age, religion, national origin, marital status, political belief, physical or mental handicap, or any other preference or personal characteristic, condition, or status.

Do not form, initiate, or indulge in inappropriate relationships with clients. Relationships cross the line of impropriety when they are social, romantic, or sexual in nature, show favoritism towards one client over another, or are self-serving, in any way.

Unless assigned to the Family Care Center, volunteers are not permitted to loiter in the Family Care Center residence. Under no circumstances should a volunteer enter an occupied room.

Respect the confidentiality of clients and guests. Specifically, do not disclose the names of clients, information about clients, or acknowledge in settings away from Metropolitan Ministries a person's present or former status as a client unless the client gives permission in advance.

Metropolitan Ministries prohibits sexual harassment of any kind towards clients, volunteers, or staff members. All such harassment is unlawful and will not be tolerated.

Do not take any property of Metropolitan Ministries.

Report any suspected violations of the law or business ethics to the appropriate staff member before seeking resolution outside the organization. Reports may be made in confidentiality.

REVOCATION OF HOURS AND/OR TERMINATION

Metropolitan Ministries reserves the right to revoke any and all volunteer hours should any of these policies be violated. Further, all volunteers serve at the sole discretion of Metropolitan Ministries and, as such, their service may be terminated at any time.

HAVE QUESTIONS OR NEED TO RESCHEDULE?

Lindsey Bressi – 813-209-1045 or lindsey.bressi@metromin.org
Laurie Fawcett – 813-209-1237 or laurie.fawcett@metromin.org
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