501 Main Street P.O. Box 4856 Brockton, MA 02303-4856

THE CHARITY GUILD, INC. VOLUNTEER APPLICATION

PLEASE SELECT VOLUNTEER PREFERENCE:			DATE:	
□ Food Pantry □ Thrift Shop □	Food Pantry 🛛 Thrift Shop 🗖 Where Most Needed			
DAY(S) AVAILABLE TO VOLUNTEER:				
□ Monday □ Tuesday □	l Wednesday 🛛 🗆	Thursday 🛛 Fr	iday 🛛 Saturday	
HOURS AVAILABLE TO WORK: (Open Monday through Saturday 10:00a.m. to 3:00p.m.)				
		(Minimum	of 3 Hours/Week for 3 Months)	
NAME:				
Address:				
Сіту:		STATE:	ZIP:	
TELEPHONE:	ALT TELEPHONE:		EDUCATION LEVEL:	
I ELEPHONE:	ALI IELEPHUNE:		EDUCATION LEVEL:	
WORK OR VOLUNTEER EXPERIENCE:				
WORK OK VOLONTLLK LAT ERLENCE.				
WHY WOULD YOU LIKE TO VOLUNTEER?				
PLEASE LIST ANY SPECIAL SKILLS: (Proficiency in PowerPoint/Excel, Social Media, Video, etc.)				
CAN YOU MAKE YOURSELF UNDERSTOOD IN ANOTHER LANGUAGE? (Fluency Not Required)				
□ YES (Please Specify):			□ NO	
DO YOU HAVE ANY MEDICAL LIMITATIONS?				
WHO SHOULD BE NOTIFIED IN CASE OF AN EMERGENCY?				
Address:				
Сіту:		STATE:	ZIP:	
TELEPHONE:	ALT TELEPHONE:		RELATIONSHIP TO YOU:	

PLEASE PROVIDE THREE COMMUNITY REFERENCES NOT RELATED TO YOU. (Include Name/Address/Phone)			
1.			
2.			
3.			

VOLUNTEER AGREEMENT

Please initial next to each box to give your consent.

Confidentiality

Any information provided about the clients of The Charity Guild is to be kept in the strictest of confidences. None of the information exchanged about

individuals, organizations or client cases will be discussed or shared outside of my official responsibilities with The Charity Guild.

Photo Release

I understand that promotional pictures (individual and group) may be taken during volunteer hours. I give permission for me.

Medical Release

I authorize treatment by a licensed medical physician or licensed medical team in case of any accident or illness that may arise in connection with execution of sary hospitalization.

volunteering, as well as any necessary hospitalization.

Consent & Liability Waiver

I do hereby release, hold harmless and discharge The Charity Guild, its staff and volunteers from any and all liability, claim, loss, damage,

cost or expense arising from my volunteering. I waive such claims against the organization that might arise directly or indirectly from any action or omission to act by the organization or persons in connection with volunteering unless the parties involved were careless or negligent.

Consent for Criminal Background Check

I agree to permit an investigation of my criminal background (CORI), for the purpose of volunteering at The Charity Guild, Inc.

Signature

Date