



VOLUNTEER APPLICATION



PERSONAL INFORMATION			
<input type="checkbox"/> Male <input type="checkbox"/> Female	LAST _____ FIRST _____ MI _____		
ADDRESS _____			
CITY _____	STATE _____	ZIP _____	DOB ____/____/____ Check if under 18 <input type="checkbox"/>
PHONE _____	<input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work	E-MAIL _____	
I agree to allow Metropolitan Ministries to contact me periodically via e-mail and/or telephone.		<input type="checkbox"/> Yes <input type="checkbox"/> No	Office Use Only VOL ID _____
SCHOOL OR COMPANY _____			
PLACE OF WORSHIP _____			
Emergency Contact			
NAME _____	PHONE _____	RELATIONSHIP _____	

METROPOLITAN MINISTRIES VOLUNTEER AGREEMENT AND RELEASE (AGREEMENT)

I, the undersigned, wish to volunteer my services to Metropolitan Ministries, a not-for-profit Florida corporation whose mission is to help the homeless and those at risk of becoming homeless. In consideration for allowing me to enter upon Metropolitan Ministries' property to participate as a volunteer, I hereby agree and release Metropolitan Ministries as follows:

1. I acknowledge and affirm that during my participation as a volunteer, I may be exposed to hazards and risks, foreseen or unforeseen, which are inherent in performing volunteer service and cannot be eliminated without destroying the unique character of the experience. These inherent risks include, but are not limited to, the dangers of serious personal injury and property damage ("Injuries and Damages") and I acknowledge and agree that Metropolitan Ministries assumes no responsibility for my safety or the safety of anyone who participates with me. I further acknowledge and agree that Metropolitan Ministries has no obligation to inform or disclose any potential risks to me. I know that Injuries and Damages can occur by natural causes or the conduct and activities of other persons, volunteer participants including staff or third parties, either as a result of negligence or due to other reasons. I understand that the risk of such Injuries and Damages is inherent in my participation as a volunteer, and I voluntarily assume such risks. I further understand that Metropolitan Ministries will not provide any medical or mechanical assistance, care, or services in connection with this experience.
2. I agree to the fullest extent allowed by law, to unconditionally and absolutely WAIVE, INDEMNIFY, DISCHARGE AND RELEASE FROM LIABILITY Metropolitan Ministries, its officers, directors, employees, agents, or those acting on its behalf from any and all liability on account of, or in any way resulting from Injuries and Damages in any way connected with this experience, even if caused by the negligence of Metropolitan Ministries, its officers, directors, employees, agents, or those acting on its behalf. I further agree to HOLD HARMLESS Metropolitan Ministries, its officers, directors, employees, agents, and leaders from any claims, damages, injuries, or losses caused by my conduct. I understand and intend that this Agreement is binding upon my heirs, executors, legal representatives, administrators and assigns, or any third parties.
3. I agree to allow Metropolitan Ministries, its assigns and successors, and those acting under Metropolitan Ministries' permission, the right to reproduce, publish, circulate, copyright, or otherwise use or share my story, likeness and image (still or video) in connection with my participation as a volunteer at Metropolitan Ministries. I understand that by granting my consent, my story, image, or likeness may appear in the public media, including print, internet, or broadcast media, or as part of an advertisement to promote Metropolitan Ministries. I further relinquish all rights, title or interest to any furnished products, reproductions or facsimiles.
4. I hereby acknowledge that I have read, understood, and received a copy of Metropolitan Ministries' Volunteer Policies. I agree to abide by all Volunteer Policies throughout my volunteer service with Metropolitan Ministries. I understand that certain Volunteer Policies, including (but not limited to) the Confidentiality Agreement, were put in place to protect all parties' legal rights and violating these policies may result in legal action.
5. I acknowledge that this Agreement is intended to be as broad and inclusive as is permitted by law. If any provision or any part of any provision of this Agreement is held to be invalid or legally unenforceable for any reason, the remainder of this Agreement shall not be affected thereby and shall remain valid and fully enforceable. The laws of the state of Florida shall govern this Agreement.

I further acknowledge that I have read this document in its entirety and I agree to abide by all procedures and freely and voluntarily assume all risks of such Injuries and Damages for volunteers and notwithstanding such risks, I agree to participate as a volunteer.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

PARENTAL WAIVER FOR MINOR (VOLUNTEER UNDER THE AGE OF 18)

I, as parent or guardian of the minor volunteer listed above, represent that the personal information in this document concerning said minor volunteer are true. I give my permission for such minor to participate as a volunteer and I agree individually and on behalf of said minor to the terms of this Agreement and Release.

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—this occurs only the first time you volunteer apart from a formal group—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.

REVOCAION 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?

Doug May – 813-209-1067 or doug.may@metromin.org

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