

CITY MISSION VOLUNTEER APPLICATION

Date ____/____/____

Name _____ Birthdate ____/____/____

Address _____

Phone (____) _____ - _____ Email _____

Employer _____

Position _____

Church membership/affiliation _____

Emergency contact (____) _____ - _____

Have you ever been convicted of a felony? Yes No

If yes, when and conviction _____

Volunteer Release of Responsibility

As a volunteer of the City Mission facility at 510 West Main Cross St, Findlay OH, I recognize that I am on Mission property at my own risk. I agree to exercise safety precautions in the performance of duties and to refuse any jobs which I believe may present a personal risk to my health, safety, or well-being. I have the right to expect the City Mission to provide safe equipment for the tasks which I am asked to perform. I will not hold the Mission responsible for accidents that occur as a result of my volunteer service. I further agree to hold harmless from all liability the management and staff of the City Mission.

Initials or signature required

Volunteer Confidentiality Agreement

As staff or volunteer of the City Mission of Findlay, OH, I understand that I will be working with confidential information. With respect to all clients' rights to have personal information safeguarded, I hereby pledge that I will hold all such information confidential. NO INFORMATION (NAMES, ADDRESSES, CASE INFORMATION, ETC.) GAINED FROM AGENCY RECORDS SHALL BE REVEALED FOR ANY PURPOSE WHATSOEVER. I understand that any abuse of this pledge could result in termination of my employment or volunteer position.

Initials or signature required

Photo Release

I do hereby give my permission for the City Mission of Findlay to use my photo image for promotional reasons, for use in the Mission's newsletters, mailings, brochures, social media, and website. I understand that it will not be given to anyone else without my express written consent.

Initials or signature required

Send completed form to Wendy Tong: wendytong@findlaymission.org