

Volunteer Application Form



TO BE COMPLETED BY THE VOLUNTEER COORDINATOR

START DATE

END DATE

PERSONAL INFORMATION

TODAY'S DATE (mm/dd/yyyy)

DATE OF BIRTH (mm/dd/yyyy)

LAST NAME

FIRST NAME

M.I.

ADDRESS (Street, apt. # if applicable, city, ZIP Code)

PHONE (Home landline, if applicable)

PHONE (Mobile)

EMAIL ADDRESS

CHURCH AFFILIATION: No YES; Name of Church:

EMERGENCY CONTACT

FULL NAME

PHONE

AREAS OF INTEREST

Please check ALL areas in service of North Kent Connect that interest you:

- | | |
|--|--|
| <input type="checkbox"/> Food Distributions | <input type="checkbox"/> Meals Driver or Rider |
| <input type="checkbox"/> Fundraisers | <input type="checkbox"/> Sorting Donations |
| <input type="checkbox"/> Holidays | <input type="checkbox"/> The Market |
| <input type="checkbox"/> Other/Special Projects: | |

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Please check ALL days you are GENERALLY able to volunteer for North Kent Connect:

- Mondays
- Tuesdays
- Wednesdays

- Thursdays
- ALL
- NO PREFERENCE

Start: _____ AM PM

Finish: _____ AM PM

Availability: Weekly Monthly Other: _____

ADDITIONAL INFORMATION

How did you hear about us?

Why do you wish to volunteer for North Kent Connect?

Please list any previous volunteer experience you may have:

Please list any areas of interest so that we may match you appropriately with a volunteer position:

Are you a current Client of North Kent Connect? No YES

Are you volunteering here to fulfill a court order? No YES; Number of Hours Needed: _____

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PHOTOGRAPHY AND MEDIA RELEASE

By signing this section of the volunteer application, I hereby grant permission for North Kent Connect to photograph me for any legal purpose including fundraising, press releases, social media, website updates, brochures, and other marketing materials. I do not expect, nor will I receive any form of compensation for the photographs and furthermore waive any future rights to compensation for use of pictures of me. I also understand and agree that the photographs will remain the property of North Kent Connect and they shall retain all rights and privileges associated with ownership of these photographs.

I hereby consent to the above release: No YES

ADDITIONAL ACKNOWLEDGEMENTS

Volunteers are not allowed to take any items home with them. Volunteers are not allowed to save items for anyone, client or otherwise. It is policy that clients cannot volunteer.

If you are in a scheduled area such as in the Pantry and you need time off, please let us know ahead of time. This may give us a chance to get other help to cover that area.

If you are under 18, you need to be with a parent or guardian.

I hereby consent to the above acknowledgements: No YES

STATEMENT OF CONFIDENTIALITY

I understand that in the course of my association with the North Kent Connect, I share the responsibility of maintaining the confidentiality of any employee or client's information that I may have available to me. I understand that it is my responsibility to ensure rights and confidentiality of information both written and verbal.

As a volunteer I will work with the highest standards in mind, committed to the idea that my work will benefit

North Kent Connect. I promise to take on any work assigned to me with an attitude of open-mindedness, and willingness to be trained.

I understand that in the performance of my volunteer duties, I am not to discuss confidential information regarding clients or employees with anyone. Any breach of confidentiality will be carefully reviewed, and if substantiated, could result in termination of volunteer involvement with North Kent Connect, and may result in legal action.

By signing below, I acknowledge that I have read and understood this Statement of Confidentiality.

SIGNATURE (PDF Doc Sign and/or Fully Typed Name)

DATE

Be sure to SAVE this document to your device, complete the ENTIRE form, SAVE AGAIN and email to: xxx@nkconnect.org