Crisis Control MINISTRY

VOLUNTEER APPLICATION

PERSONAL INFORMATION

FULL NAME:

BIRTHDATE:

PHONE #:

EMAIL:

WHICH LOCATION?

◯ Winston-Salem ◯ Kernersville

STREET ADDRESS:

CITY:

STATE:

ZIP:

CONGREGATION AFFILIATION *(IF APPLIES)*

CITY:

MEDICAL INFORMATION

EMERGENCY CONTACT:

RELATION:

PHONE:

PREFERRED HOSPITAL:

PHYSICIAN'S NAME:

Any medical condition(s), medication(s), or allergy issues we should be aware of?

ABOUT YOU

Why are you interested in volunteering at Crisis Control?

SKILL SETS / INTEREST

	Not my strength	Average	Good	Area of strength
Computer Skills	◯	◯	◯	◯
Customer Service	◯	◯	◯	◯
Event Planning	◯	◯	◯	◯
Fundraising	◯	◯	◯	◯
Decision Making	◯	◯	◯	◯
Communication Skills	◯	◯	◯	◯
Note Taking	◯	◯	◯	◯
Active Listening	◯	◯	◯	◯
Working on your feet	◯	◯	◯	◯
Quick Thinking	◯	◯	◯	◯
Conflict Resolution	◯	◯	◯	◯
Timeliness	◯	◯	◯	◯
Problem-solving	◯	◯	◯	◯
Brainstorming	◯	◯	◯	◯
Organizational Skills	◯	◯	◯	◯
Adaptability	◯	◯	◯	◯
Group Work	◯	◯	◯	◯

Do you have any other skills you believe might be applicable for your volunteer work?

What is your greatest weakness? What has it helped you learn about yourself?

AREAS TO VOLUNTEER

	Not the right fit	Somewhat Interested	Interested	Very Interested
Interviewing	○	○	○	○
Food Pantry	○	○	○	○
Pharmacy	○	○	○	○
Front Desk / Reception	○	○	○	○
Poverty Simulations	○	○	○	○
Better Neighbor Project	○	○	○	○
Special Events	○	○	○	○
Administrative Office	○	○	○	○
Serve on a Committee	○	○	○	○

TIME COMMITMENT AND AVAILABILITY

Winston-Salem

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
☐ 9 AM-12 PM	☐ 9 AM-12 PM	☐ 9 AM-12 PM	☐ 9 AM-12 PM	☐ 9 AM-12 PM
☐ 1-4 PM	☐ 1-4 PM	☐ 1-4 PM	☐ 1-4 PM	☐ 1-4 PM
	☐ 5-7 PM			

Kernersville

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
☐ 9 AM-12 PM	☐ 9 AM-12 PM	☐ 9 AM-12 PM	☐ 9 AM-12 PM	☐ 9 AM-12 PM
	☐ 1-4 PM		☐ 1-4 PM	

Employment Status ☐ Full-Time ☐ Part-Time ☐ Retired ☐ Student ☐ Other

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Frequency of Volunteering ☐ Weekly ☐ Bi-Weekly ☐ Other

PHOTOGRAPH & VIDEO RELEASE FORM

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears.

Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse settings within an unrestricted geographic area.

Photographic, audio or video recordings may be used for the following commercial or other business purposes: marketing and advertising materials, educational presentations or courses, informational presentations, and online video and/or promotional materials.

By signing this release, I understand this permission signifies that photographic or video recordings of me may be electronically displayed via the Internet or in a public setting.
There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form, I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby. I hereby release any and all claims against any person or organization utilizing this material.

☐ **I Agree** ☐ **I Do Not Agree**

VOLUNTEER CONFIDENTIALITY AGREEMENT

Please check each box if you agree

- ☐ I promise to hold in confidence all information regarding clients and donors of Crisis Control Ministry, Inc.
- ☐ I will not violate the confidential relationships between the ministry, its clientele, staff, and volunteers.
- ☐ I will not remove from the office any written records or copies thereof. Any written records I may be responsible for producing shall be and remain part of the ministry files.
- ☐ I accept full responsibility for maintaining the confidential and private nature of all records and information.
- ☐ I further understand that I can discuss cases assigned to me only with designated staff or volunteers.
- ☐ Any breach of confidentiality will result in automatic dismissal of the volunteer.

CRISIS CONTROL MINISTRY AND VOLUNTEER AGREEMENT

The intent of this agreement is to assure the volunteers that Crisis Control Ministry has a deep appreciation of their services.

Crisis Control Ministry commits to do the very best it can to make the volunteer experience a productive and rewarding one. For that reason, Crisis Control Ministry reserves the right to perform background checks for the safety and consideration of all clients, volunteers, and staff.

Crisis Control Ministry gratefully accepts the services of the volunteer, and we commit to the following:

-- to treat volunteers as co-workers,

-- to provide an acceptable job assignment, information, training, and assistance so that volunteers are able to feel confident in their position,

-- to ensure that the volunteer receives attentive supervision, performance counseling and reviews, and appropriate recognition,

-- to respect the skills, dignity, and individual needs of the volunteer and to do our best to adjust to any individual requirements,

-- to be receptive to any comments from the volunteer regarding ways in which we might better accomplish our respective tasks,

-- to treat the volunteer as an equal partner with the ministry and staff, working together to complete the ministry's mission.

I agree to serve as a volunteer and commit to the following:

Please check each box if you agree

- ☐ to attend at the frequency in which myself and CCM staff agree upon,
- ☐ to be dependable and perform my volunteer duties to the best of my ability,
- ☐ to adhere to policies and procedures, including record keeping and confidentiality of CCM, and client information,
- ☐ to meet time and duty commitments, and if there is a need to be absent, to provide adequate notice to the Client Services Department or to the Pharmacy Staff, so that alternate arrangements can be made. (Three absences in a six-month period without notification will terminate my volunteer position.)
- ☐ to freely share information, questions, or concerns with my direct supervisor, Director of Community and Volunteer Relations, Director of Client Services, or the Assistant Director of Client Services, or the Kernersville Director.
- ☐ to be a liaison between the ministry and the community,

Please check each box if you agree

- ☐ to not pursue personal relationships with any clients outside of the context of my volunteer job. If I find myself in the situation of working with a client with whom I already have a relationship, I will bring this fact to the attention of my supervisor, and together we will decide appropriate action, if any.
- ☐ I will treat all clients with the same needs in a similar manner, I will neither show favoritism nor avoid working with clients I find to be difficult. If I find that I have difficulty maintaining such boundaries, I will discuss the situation with my supervisor.
- ☐ there will be no monetary compensation, services, or assistance for any volunteer work assignment.
- ☐ I understand that the resources of Crisis Control Ministry, Inc. are to be used solely to accomplish the mission of the ministry. I understand these resources are not to be used, or removed from the premises, for my personal use or the personal use of others. The definition of the term "resources" includes, but is not limited to, such items as computers, office supplies, files, furniture, food supplies, pharmacy supplies or medications.

I certify that all the information on this application is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for serving as a volunteer, or, if a current volunteer, disciplinary action, up to and including immediate dismissal.

I certify that I have read, understand, and agree to abide by the agreements on previous pages.

Volunteer Name _____ **Date** _____

If applicant is under 18 years of age, signature of parent or guardian is required.

Name of Parent or Guardian _____ **Date** _____

FOR OFFICE USE ONLY

First Contact Date _____ **Tour Date** _____