

## **Volunteer Application**

_ast Name:	First Name:	MI:
	City:	
	Cell Phone:	
	Date of Birth:	
	vice because of probation or as a requirement	
Yes NoTota	al Hours needed: Due Date:	
If serving because of probation, was	s anyone injured during the offense? Yes	No
List previous volunteer experience: Organization	Activities	
How did you hear about Grand Prai		esponsibilities of this particular
How did you hear about Grand Prai	irie United Charities? ns that would hinder your ability to fulfill the r _ If so, please explain:	esponsibilities of this particular
How did you hear about Grand Praid Do you have any physical limitation volunteer position?  What programs would you be inter	irie United Charities? ns that would hinder your ability to fulfill the r _ If so, please explain:	esponsibilities of this particular
How did you hear about Grand Praid Do you have any physical limitation volunteer position?  What programs would you be inter	irie United Charities?  ns that would hinder your ability to fulfill the r _ If so, please explain:  rested in? Check all that apply Warehouse Food Pantry	esponsibilities of this particular
How did you hear about Grand Praid Do you have any physical limitation volunteer position?  What programs would you be intered.  Clerical  What day and time are you availab	irie United Charities?  ns that would hinder your ability to fulfill the r _ If so, please explain:  rested in? Check all that apply Warehouse Food Pantry	esponsibilities of this particular  Special Projects
How did you hear about Grand Praid Do you have any physical limitation volunteer position?  What programs would you be intered.  Clerical  What day and time are you availab Monday  Tuesday  What did you be intered.	irie United Charities?  ns that would hinder your ability to fulfill the r _ If so, please explain:  rested in? Check all that apply Warehouse Food Pantry  ple to volunteer?	esponsibilities of this particular Special Projects Saturday
How did you hear about Grand Praid Do you have any physical limitation volunteer position? What programs would you be inter Clerical What day and time are you availab Monday Tuesday W : :	irie United Charities?  ns that would hinder your ability to fulfill the r If so, please explain:  rested in? Check all that apply Food Pantry ple to volunteer?  dednesday Thursday Friday	esponsibilities of this particular Special Projects Saturday

## **Volunteer Application - Page 2**

## **CONFIDENTIALITY AGREEMENT**

I will respect and maintain the confidentiality of client identity and information. I understand that failure to comply with confidentiality requirements may result in immediate termination.

I will respect and maintain the confidentiality of staff, volunteer and Board identity and information.

I will continue to maintain this agreement even after my active affiliation with GPUC has ended.

RELEASE AND WAIVER OF LIABILIT	RI	FI	FΔ	SE	AND	WAI	VER	OF	LIA	BIL	IT
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This release and Waiver of Liability (the "Release") executed this day of, 20 by
(the "Volunteer) in favor of Grand Prairie United Charities, a nonprofit corporation, and its
directors, officers, employees and agents.
The Volunteer desires to work as a volunteer for Grand Prairie United Charities and engage in the activities related to bein a volunteer, as verbally discussed.  The Volunteer understands that the Activities may include repetitious heavy lifting of up to 75 lbs., frequent standing, stooping, bending, and kneeling.  The Volunteer understands that the scope of Volunteer's relationship with Grand Prairie United Charities is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer.  The Volunteer understands that Grand Prairie United Charities will not assume any responsibility with respect to bodily injury, personal injury, illness, death, or property damage that may result from services provided to Grand Prairie United Charities.  The Volunteer hereby freely, voluntarily and without duress agrees to the information above.
I affirm that the above information is true and correct.
Signature: Date:
Print Name:



1417 Densman St, Grand Prairie, TX 75051 Monday-Thursday 9:00 am to 1:00 pm 972-262-2014