



For Office Use	Date Received: _____	By: _____
	\$10 Donation for Background Check: cash or check & Date Received: _____	
	Background Check Completion Date: _____	
	Added to DonorSnap & Application Uploaded Date: _____	
	Onboarding Completion Date: _____	

VOLUNTEER APPLICATION

PLEASE PRINT ALL INFORMATION

Application Date: _____

Name: _____ **Birthdate (Mo/Day/Yr)** _____

Address: _____
Street City State Zip

Cell Phone: _____ **E-Mail Address:** _____

Employer **Retired from:** _____ **Title:** _____

Emergency Contact: _____	Phone: _____
Relationship to Applicant: _____	

Why do you want to volunteer at GCOF? _____

Volunteer Experience: (include current and previous activities /organization) _____

Please summarize your skills and qualifications that you feel could benefit GCOF: _____

How did you hear about volunteering with the GCOF? _____

Please indicate your area(s) of interest in our program:

- Direct Service with Clients
- Thrift store
- Administrative Tasks
- Events
- Children's Activities

Which days would you prefer to work (please circle): T W Th F Sa

I have submitted the requested \$10 donation to cover the cost of my background check via:

- Online payment
- Check
- Cash
- Decline

What languages, if any, do you speak other than English? _____

Are you a former client of GCOF? Yes No

If you were a former client, please tell us when _____

(If you are currently a client or have been a client, there is a one year waiting period before you are eligible to volunteer)

Have you ever been convicted of a felony or a misdemeanor including those classified as an offense against the person or family, or of public indecency, or a violation of the Texas Controlled Substance Act?

- Yes
 - No
- If yes, please list offense and when it occurred:

I hereby affirm that my answers to the foregoing questions are true and correct and that I have not knowingly withheld any fact or circumstance that would, if disclosed, affect my application unfavorably. I understand that any false information submitted in this application may result in my discharge. I understand that at any time, during the application process, I am not guaranteed a position as a volunteer with GCOF.

Signature of Volunteer

Date

Please submit this application to info@thegracecenterfbg.org or in person at 712 W. Main Street, Suite B in Fredericksburg or Mail to PO Box 3433, Fredericksburg, TX 78624



STAFF/ VOLUNTEER CODE OF ETHICS & RELEASE OF LIABILITY

As a volunteer of The Grace Center, I agree to the following:

- To maintain the client's interest as primary responsibility.
- To respect privacy at all times and never release confidential information of clients, staff, volunteers, student interns and board members regarding personal information and information obtained while providing services, except as otherwise required by law or judicial order.
- Staff/ Volunteers must maintain healthy relationships with clients by avoiding dual relationships.
- Not to use, possess, or be under the influence of alcohol or illegal drugs. These actions will not be tolerated while volunteering for the GCOF.
- Any type of abuse will not be tolerated towards client, children, or staff.
- To maintain a professional relationship and respect with clients, staff, and volunteers.
- To provide only those services in which I have been trained.
- If I am unable to fulfill a staff/ volunteer duty for which I committed, I will contact the appropriate GCOF staff member with that information as soon as possible.
- I will attend training as required by the GCOF.
- Texas State law requires me to report any suspected abuse or neglect of a child. If this occurs, I shall inform the executive director and make a report to the Texas Department of Family and Protective Services at 1-800-252-5400 or www.txabusehotline.org.
- I understand that when using my personal vehicle while volunteering, my personal insurance is primary and the GCOF assumes no liability or responsibility whatsoever. I will not be reimbursed by the GCOF for mileage, but I can report it as a donation to the Shelter.
- I agree to hold the GCOF, its staff, employees, interns, agents, volunteers, contributors, officers, and directors harmless from any and all claims, demands, debts, responsibilities, and/or liability relating to me, my children, or those accompanying me.

PLEASE INITIAL THAT YOU'VE READ THE ABOVE CODE OF ETHICS & RELEASE OF LIABILITY: _____



STAFF/ VOLUNTEER SOCIAL MEDIA AGREEMENT

In general, The Grace Center (GCOF) views social networking sites (e.g. Facebook), personal websites, and blogs positively and respects the right of staff/ volunteers to use them as a medium of self-expression. If staff/ volunteers chooses to identify himself or herself as associated with GCOF on social media, some readers of social media may view the staff/ volunteers as a representative or spokesperson of GCOF. In light of this possibility, GCOF requires that staff/ volunteers observe the following guidelines when referring to GCOF on social media.

- Staff/ Volunteers must be respectful in all social media related to or referencing GCOF, its employees, and other volunteers.
- The GCOF logo and trademarks may not be used without explicit permission in writing from the Executive Director.
- Staff/ Volunteers must not reference clients and must respect the confidentiality of the Shelter and its services.
- Staff/ Volunteers and staff must not use social media to disparage GCOF.
- Staff/ Volunteers must not use social media to harass, bully, or intimidate other volunteers or employees of GCOF. Behaviors that constitute harassment and bullying include, but are not limited to comments that are derogatory with respect to race, religion, gender, sexual orientation, color, or disability; sexually suggestive humiliating, or demeaning comments; and threats to stalk, haze, or physically injure another person.

PLEASE INITIAL THAT YOU'VE READ THE ABOVE SOCIAL MEDIA AGREEMENT: _____

ACKNOWLEDGEMENT & SIGNATURE

By signing below, I _____ certify that I have read and understand the Staff/ Volunteer Code of Ethics & Release of Liability and Social Media Policy. I agree to abide to the conditions stated within and any violation may be grounds for termination of volunteer status and possible civil liability.

Signature of Staff/ Volunteer

Date

Signature of Parent or Legal Guardian (if under 18 years of age)

Date



STAFF/VOLUNTEER AGREEMENT OF CONFIDENTIALITY

GCOF is committed to the confidentiality of all information regarding its clients as a means of ensuring their safety. Confidentiality is defined as the assurance that access to information regarding any client shall be strictly controlled, and that violation of such control shall be a breach of faith. Confidential information shall include but is not limited to:

- Communications, information and observations made by, between or about adult and child clients, staff, volunteers, student interns and board members.
- Addresses of employment, residence and family addresses of clients, staff, volunteers, student interns and board members.
- Names of clients, staff, student interns and volunteers, unless written permission is provided by the individual and approved by the Executive Director.
- Photographs taken of clients, staff or volunteers.

Confidential information shall not be released over the phone or in person, about the Shelter and its clients without the expressed permission of the Executive Director or a designated staff member. This includes release of information to board members, criminal justice personnel, family members, community supporters or other interested parties.

GCOF staff and volunteers shall be committed to protecting the overall health of the organization and should not divulge administrative information including but not limited to personal, funding or donors without the expressed permission of the Executive Director. The release of any confidential information without consent may result in immediate termination.

Staff/ Volunteer (please print)

Signature

Date

Signature of Parent or Legal Guardian (if under 18 years of age)

Date