

Volunteer application



OFFICE USE ONLY: ID #: _____ Meal code: _____ Volunteer assignment(s): _____
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Personal information

All information you provide will be kept confidential.

Title: _____ First name: _____ Last name: _____ Marital status: _____
Address: _____ City, state: _____ ZIP code: _____
Primary phone: (_____) _____ Secondary phone: (_____) _____
Email address: _____ Date of birth (optional) _____ Race (optional): _____
Name of your organization, business, or other volunteer group: _____

Emergency contact information

Title: _____ First name: _____ Last name: _____
Address: _____ City, state: _____ ZIP code: _____
Primary phone: (_____) _____ Secondary phone: (_____) _____

Liability release

Please read carefully. All participants must sign this waiver.

I, _____ by serving as a volunteer with the _____ program, do hereby release MIFA, its agents, and its representatives from any liability and responsibility that may arise in connection with my volunteer duties (initial here) _____. I also hereby consent for MIFA to use my name, likeness, or program participation for public relations purposes; I understand that I will not receive compensation for any such use (initial here) _____. If driving is involved in my volunteer duties, I hereby acknowledge that I have a current driver's license and automobile liability insurance (initial here) _____.

Signature: _____ Date: _____

If you are under age 18, a parent or legal guardian must also sign this waiver. If you are under age 16, a parent or legal guardian must sign this waiver and accompany you, unless you are with an organized, chaperoned group which has MIFA's permission to participate.

Signature of parent or guardian: _____ Date: _____

Acknowledgment of duties as a volunteer

By signing this application, I agree to serve as a volunteer and commit to the following:

- To perform my volunteer duties to the best of my ability;
- To adhere to MIFA's rules and procedures, including record-keeping requirements and the confidentiality of agency and client information;
- To adhere to my volunteer commitments, or to provide adequate notice so that alternate arrangements can be made;
- To at all times conduct myself as a member of the team responsible for accomplishing MIFA's mission.

My signature serves as notice that the information provided on this application is true and accurate to the best of my knowledge. I understand that any *intentional* false or misleading information provided may be grounds for dismissal from the MIFA volunteer program. I also consent to a voluntary background check by MIFA if required to perform my volunteer duty.

Signature: _____ Date: _____

Signature of parent or guardian: _____ Date: _____

Additional information

Congregation (if any): _____

Current employer: _____

Last school attended: _____ Year of graduation _____ Diploma? _____

Training/work experience: _____

Volunteer experience: _____

Have you previously volunteered at MIFA? Yes No If so, when? _____

For what program(s)? _____

Program interests

Please check no more than two (2) areas of volunteer interest.

Seniors

- Meals
- Handyman
- Ombudsman
- Senior Companion

Families in crisis

- Childcare
- Life Skills classes
- Emergency Services

Teens

- COOL
- Mentoring

Other

- Special events
- Community Legal
- Facilities

Availability

Day(s) you are available to volunteer: Monday Tuesday Wednesday Thursday Friday Saturday

Best time(s): Morning Afternoon Evening Weekend Specific hours: _____

What (if any) restrictions might affect your ability to volunteer (i.e., work, family, health, etc.) _____

How did you learn about volunteer opportunities at MIFA? Media Flyer Friend Website Other

Why do you want to be a volunteer? _____

Personal references

Please provide two references (no relatives) whom we may contact. Include ZIP code and telephone number for each.

First name: _____ Last name: _____

Address: _____ Phone: _____

First name: _____ Last name: _____

Address: _____ Phone: _____

Background information

Have you ever been arrested or convicted of a crime? Yes No If so, please provide the date, nature of the offense, and disposition. **NOTE:** A criminal record will not necessarily disqualify an applicant. _____

Please return your completed application to: MIFA Volunteer Services, P. O. Box 3130, Memphis, TN 38173-3130, fax to MIFA Volunteer Services, (901) 527-3202, or email to cnelson@mifa.org. Feel free to contact Charlie Nelson with any questions about your application. She can be reached at (901) 529-4514.

Upon approval of application, some volunteers must complete orientation or training sessions before beginning their assignments. Some positions require background screening.