

FOR OFFICE ONLY. 2017-18

Appl Rec'd in office Date: _____

Genl Orient Date: _____

OR

Specific Program Orientation by _____

BG \$5 Paid? _____ Date _____

BG Process Date _____ by _____



VOLUNTEER APPLICATION

PERSONAL DATA

CLEARLY PRINT: Your Name _____ Birthdate: ____/____/____

Cell phone # _____ Work # _____ Home # _____

CURRENT (residing) Address: _____ City _____

ST _____ Zip _____ **EMAIL** _____

Emergency contact: _____ Phone# _____
Relationship? ___ Spouse ___ Other Relative ___ Friend

Emergency contact: _____ Phone# _____
Relationship? ___ Spouse ___ Other Relative ___ Friend

Any medical or physical concerns that would affect your volunteer performance? ___ If yes, explain: _____

LEVEL OF EDUCATION-

____ Completed College education @ _____ Degree: _____ Mo/Yr: ____/____

____ Currently in college. College: _____ **When will you graduate?** Mo/Yr: ____/____

____ High School: _____ Year graduated: _____ OR ___ GED--Year completed: _____

EMPLOYMENT EXPERIENCE-

Current Employer _____ Phone # _____

Position/Tasks _____ Mo/Year employed? _____

Prior Employer _____ When? _____

GENERAL- Besides English, do you speak any other language? _____

Community Affiliations (*Clubs, Fraternity, Sorority, Service organizations etc.*)? _____

Do you consider yourself a Christian? ___ Yes ___ No--- *You are still welcome to apply for volunteering if you are not a Christian, provided you do not speak negatively or act against the Christian message and ethics. We can discuss volunteer options at orientation.*

Active in a local church? ___ If yes, which church? _____

Any legal convictions? _____

Criminal background check is required on all inquiries. Please pay \$5 fee (cash or check) when submitting this application.

VOLUNTEER INFORMATION-

Where have you volunteered in past year? _____ Agency and responsibility _____ Dates of Volunteering _____

Why do you wish to volunteer at Mission Waco? _____

Do you have Friends/relatives affiliated with Mission Waco? ___ No ___ Yes, Who? _____

Is volunteering an Academic requirement by an Organization? ___ NO ___ YES, provide following:

Org. Name and Name of School: _____

Court-ordered? ___ NO ___ YES: **Details of violation & name to whom you report:** _____

Programs of interest: write your "1st", "2nd", "3rd" by program (s) of choice:

- ___ Children After-School (*preK-5th*)
- ___ Youth (*6th-High School*)
- ___ Jubilee Theatre (*Performing Arts for children/youth*)
- ___ Adult Social Svc (*The Meyer Center*)
- ___ My Brothers' Keeper Chapel (*nights only*)
- ___ Health Clinic (*Premed/Prenursing/ Soc.Svc./professional*)
- ___ The Clothesline (*resale shop*) / Voucher Center (*Soc.Svc.*)
- ___ Jubilee Food Market
- ___ Mission World (*needs determined by Director, must have participated in our Poverty Simulation Weekend to volunteer in our Mission World program*)
- ___ Children's Kid's Café
- ___ Urban Expressions (*Visual Arts for Children/Youth*)
- ___ Meyer Center Kitchen Breakfast (*Mon-Thur, & Sat. 6-7am*)
- ___ Friday Morn Breakfast (*Community Breakfast, 6-8am @ Meyer Ctr*)
- ___ Clerical (*wkly or mo.*)
- ___ World Cup Cafe (*Food Handler's Cert required*)
- ___ Urban R.E.A.P. project (*Renewable Energy & Agriculture Project*)
- ___ King's Club (*Fall/Spg*)
- ___ Creative Arts (*Children/Youth*)
- ___ Special Projects (*on call*)
- ___ Light Maintenance/Outdoor (*staff supervised*)

We try to accommodate 1st and 2nd choices and 3rd is schedule permits. Most programs have various or limited hours of operation (REVIEW our Volunteer Placement Needs for details) No overnight volunteering. The Sat/Sun option depends on specific program.

Indicate best day(s) and best time(s) to volunteer

Day(s): Mon__ Tue__ Wed__ Thur__ Fri__ Sat__ Sun__

Time of Day: Early Morn__ Mid Morn__ Afternoons__ Evenings__

Volunteer Transportation is not provided by Mission Waco; that is your personal responsibility

OVER

VOLUNTEER APPLICATION (continued)

Read and Sign:

I UNDERSTAND THAT I MUST SIGN THE REQUIRED LIABILITY STATEMENT AND THAT A CRIMINAL BACKGROUND AUTHORIZATION IS ALSO REQUIRED, AS PART OF THE PRELIMINARY INQUIRY.

I ACKNOWLEDGE THE INFORMATION ON THIS APPLICATION TO BE TRUE AND ACCURATE. MY SIGNATURE BELOW ALSO ACKNOWLEDGES THAT I WILL FOLLOW THE LEADERSHIP AND GUIDELINES OF MISSION WACO, MISSION WORLD, INC. AND WILL UPHOLD CHRISTIAN VALUES AND ETHICS. I ALSO UNDERSTAND THE MISSION WACO STAFF HAS THE FINAL DECISION WHETHER OR NOT TO INVITE ME TO VOLUNTEER.

Signature

_____/_____/20_____
Today's Date

RELEASE LIABILITY STATEMENT FORM

Read and Sign:

I understand the Mission Waco, Mission World, Inc.'s goal is to provide Christian programs and activities that enhance maturity and development. I will comply with the policies and expectations of volunteers and will support and respect the authority of those providing leadership and supervision.

For and in consideration of the right provided me to participate in the Volunteer Program at Mission Waco/Mission World, Inc. (MWMW), I hereby release, hold harmless and indemnify MWMW, its directors, employees, agents and/or associates from and against any and all claims, losses, costs and/or expenses which might arise as a result of my participation in the Volunteer Program, unless the event giving arise to the claim is caused solely by the negligence of MWMW.

My signature affirms that I will be responsible for any damage or loss to physical property or expenses incurred due to my negligent or irresponsible behavior. I further release, hold harmless indemnify MWMW from and against any and all claims, losses, costs and/or expenses for sickness or disease which I may contract as a result of my participation in the Volunteer Program, regardless of whether MWMW is negligent in allowing me access to its facilities and programs. I knowingly elect to participate as a volunteer at my own risk.

In case of emergency, I hereby give permission to MWMW to render first aid or to take me to an available treatment facility for medical care; to give the treatment facility permission to provide necessary medical services. I accept any financial responsibility for said services as rendered by the treatment facility and medical staff.

I also understand that I am not, nor will I be, considered to be an employee of MWMW and thus have no expectation of nor will receive any remuneration or any other benefit of employment for my participation as a volunteer in the MWMW Volunteer Program., specifically including coverage under MWMW's workers' compensation program.

This Liability Release is binding on me and my beneficiaries, successors and assigns. Any changes will be submitted in writing, bearing my original and dated signature.

Your Signature _____ **Today's Date** ____/____/20____

Print Your Name in Full _____

=====

IF ABOVE-NAMED IS UNDER 18 YEARS OF AGE,
PARENT OR GUARDIAN CONSENTS TO THE ABOVE VOLUNTEER RELEASE LIABILITY.

Parent/Guardian Signature _____ Date _____

Print Name in Full _____

Report Satisfactory _____ Incomplete _____
 Date: _____ by _____
 BG Report #: _____



\$5 Fee Paid ? _____
 Date: _____

Pay one-time PROCESSING FEE of \$5.00 when submitting this form.

Volunteer Services - Background Check Authorization / Release Form

I hereby authorize Mission Waco, Mission World, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment or volunteer purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; birth records; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; abusive behavior, molestation of a minor; motor vehicle records to include traffic citations and registration; and any other public records; or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Mission Waco, Mission World, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release Mission Waco, Mission World, Inc. the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Today's Date: _____ Driver's Lic # _____ State Issued _____
 (provide ONLY if you wish to be a Driver for a MW program)

CAREFULLY PRINT Last Name CAREFULLY PRINT First Name PRINT Middle Initial

Maiden and/or any Other Last Names - applicable during past years

Current Local Address _____ City _____ State _____ Zip Code _____

_____/_____/_____
 Date of Birth - **REQUIRED!** ** Social Security Number - **REQUIRED!** Check One: Male _____ Female _____

(* **Exception:** International students exempted from the social security requirement.)

Mission Waco stores all information inside pad- locked file cabinet and micro-shreds papers when volunteering is no longer in "Active" status.

YOUR CURRENT EMAIL: _____
Email will be added to Mission Waco's monthly "E-Newsletter" database

Your Permanent Mailing Address: _____, _____ / _____
 Street City State Zip

Any other permanent addresses during past 3 years, if applicable:

From: _____
 (Mo/Yr) (Street) (City) (State/Zip)

From: _____
 (Mo/Yr) (Street) (City) (State/Zip)

Students: "PERMANENT" is your home mailing address --- if different from your current residence address.

Your Signature (REQUIRED): _____ **Today's Date:** ____/____/20____

NOTICE TO CALIFORNIA RESIDENTS:

If you would like a copy of your background information obtained by backgroundchecks.com, please indicate by checking the following box: _____

Signature: _____ Date: ____/____/____

California, Minnesota and Oklahoma Residents Only:

If a consumer credit report is ordered, would you like a free copy of report mailed to your home? YES NO

Signature: _____ Date: ____/____/____