

GRACE House of Itasca County Volunteer Contact Information

Name: _____ Date of Birth: _____

Address: _____ Home Phone: _____

_____ Cell: _____

Email: _____

Next Kin/Emergency Contact: _____ Relationship: _____

Home Telephone: _____ Cell: _____

Physicians Name: _____ Phone: _____

Medical Concerns: _____

GRACE House reserves the right to contact parties listed on this form and to secure appropriate medical services in the event of a medical emergency. GRACE House will not accept financial responsibility for seeking appropriate care.

Days/Nights Available:

Preferred Shifts:

_____ 6am to 8am
_____ 445pm to 9pm
_____ 9pm to 6am

How often will you volunteer?

_____ 4 X Month
_____ 2 X Month
_____ 1 X Month
_____ Other _____

Community Service? Yes/No

_____ HRS

Have you met with the Program Director
to discuss this opportunity? Yes/No

*Are you affiliated with a church that currently volunteers at GRACE House? Yes / No

If so, which one? _____

GRACE House of Itasca County Volunteer Application

Name: _____ Home Phone: _____

Address: _____ Cell Phone: _____

Age Range: ___ Under 21, ___ 21-40, ___ 41-60, ___ Over 60. Are you with RSVP? Yes / No

Do you have a valid driver's license? Yes / No

Do you have automobile insurance? Yes / No

What other volunteer/work experience have you had?

Have you at any time ever:

- Been arrested for any reason? Yes / No
 - If yes, explain: _____
- Been convicted of, or pleaded no contest to, any crime? Yes / No
 - If yes, explain: _____
- Engaged in, or been accused of, any child molestation, exploitation, or abuse?
Yes / No
 - If yes, explain: _____
- Any reason why you should not work with children, youth, or others? Yes / No
 - Explain: _____

*A background check will be done

Do you need any special accommodations in order to perform your duties? Yes / No

If "yes" please explain: _____

If you are representing an agency, what organization are you representing?

References: (other than relatives)

Name/Relationship	Address	Phone
1.	_____	_____
2.	_____	_____
3.	_____	_____

Applicant Verification and Release

I recognize that the organization to which this application is being submitted is relying on the accuracy of the information contained herein. Accordingly, I attest and affirm that all of the information that I have provided is absolutely true and correct.

I authorize the organization to contact any person or entity listed in this application, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications.

I voluntarily release the organization and any such person or entity listed herein from liability involving the communication of information relating to my background or qualification. I further authorize the organization to conduct a criminal background investigation.

I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of guests of GRACE House.

Signature: _____ Date: _____

GRACE House
501 SW 1st Ave
Grand Rapids, MN 55744

GRACE House of Itasca County Confidentiality Agreement

I understand it is my responsibility to keep confidential all information that I may gain or become privy to as a GRACE House volunteer. This includes, but is not limited to, any information regarding guests, administrative operations, and any other information accessed through organization records, meetings, or computer information system.

By reviewing and signing this form, I agree to abide by the following:

1. I will respect all individuals' rights to privacy and their confidentiality. I will not discuss or in any other way disclose any information concerning any individual I come into contact with at GRACE House, guest, or otherwise.
2. I will respect the confidentiality of information regarding administrative operations. I will not discuss or in any other way disclose information concerning GRACE House operations or administration outside the organization.
3. I agree to review and become familiar with any other organizational, state, or government policies/procedures, documents, and other materials that discuss and govern confidentiality and release of information.

Any violation of the above agreement will result in disciplinary action up to and including termination.

I, _____, have read this agreement; understand its contents, and agree to comply with all of its terms. This signed agreement will become part of my personal file.

Signature of Volunteer

Date

**GRACE House of Itasca County
Background Investigation Consent**

I, _____, hereby authorize GRACE House and/or its agents to make an independent investigation of my background, references, character, past employment, education, criminal or police records, including those maintained by both public and private organizations and all public records for the purpose of confirming the information contained on my application and/or obtaining other information which may be material to my qualifications for service, not, and if applicable, during the tenure of my service with GRACE House.

I release GRACE House and/or its agents and any person or entity, which provides information pursuant to this authorization, from any and all liabilities, claims or law suits in regards to the information obtained from any and all of the above referenced sources used.

The following is my true and complete legal name and all information contained herein is true and correct to the best of my knowledge.

Applicant Name (Please Print)

Date of Birth

Applicant Signature

Date

Any Other Names Used/Known by: _____

*NOTE: The above information is required for identification purposes only, and is in no manner used as qualifications for service. GRACE House is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Age, Handicap, and Or National Origin.

GRACE House policy is to NOT accept an individual with crimes against children or crimes related to sexual misconduct.