

## MCSA Volunteer Application

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Email \_\_\_\_\_

Employment: (Include most recent company, position, supervisor phone/email): \_\_\_\_\_

**Availability to Volunteer:** (Circle available days and write in available times)

Monday	Tuesday	Wednesday	Thursday	Friday
Time: _____	Time: _____	Time: _____	Time: _____	Time: _____
Other: _____				

Frequency of volunteer availability (number of hours daily, weekly, semiweekly, monthly)

\_\_\_\_\_

Do you have a specific volunteering interest at MCSA? Please describe.

\_\_\_\_\_

What hobbies, interests, or skills that you think may be useful as a volunteer?

\_\_\_\_\_

Have you ever been convicted of a felony or a misdemeanor other than a minor traffic violation? Please circle YES NO

If yes, please explain. (A conviction will not automatically bar volunteering at MCSA.)

\_\_\_\_\_

Do you have any health limitations that we need to be aware of pertaining to volunteering? Please circle YES NO

If yes, please describe: \_\_\_\_\_

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**References:** Give the name, address, & phone/e-mail of three non-family members who can provide references on your ability to perform this volunteer position.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

I authorize MCSA to contact the listed references and I give those references consent to respond to questions pertaining to information contained in this application.

**MCSA Background Check:** I hereby allow MCSA to perform a check of my background, including:

- Criminal records
- Driving records
- Employment verification/volunteer history
- Credit reports
- Personal references & other persons or sources as appropriate for the volunteer job in which I have expressed an interest.

I understand that I do not have to agree to this background check, but refusal to do so may exclude me from consideration for some types of volunteer positions and that all such information collected during the check will be kept confidential. I hereby also extend my permission to those individuals or organizations contacted for the purpose of this background check to give their full and honest evaluation of my suitability for the described volunteer work and other such information, as they deem appropriate.

**Confidentiality Agreement:** I agree to follow the following in order to ensure that residents' right to privacy is protected.

1. I will respect residents' right to privacy and will not solicit private information from residents.
2. I will not discuss confidential information in any setting unless privacy can be ensured. Confidential information in public or semipublic areas such as hallways, waiting rooms, elevators, etc. should be restricted.
3. I will take precautions to ensure and maintain the confidentiality of information transmitted to other parties through the use of computers, electronic mail, facsimile machines, telephones and telephone answering machines and other electronic or computer technology. Disclosure of identifying information should be avoided whenever possible.
4. I will not disclose any identifying information or private information to anyone outside of the MCSA staff.
5. I understand that all private information from residents shall remain confidential and may not be released to any other source other than the MCSA staff
6. I cannot release the identity of any resident living at MCSA.

If there is a breach of this confidentiality agreement, MCSA will terminate the relationship between MCSA and the volunteer.

**Photo Release Form:** I hereby consent to and authorize the use and reproduction, in print or electronic format by MCSA, of any and all photographs which have been taken, without compensation. All images, electronic, negatives and prints, are owned by MCSA. Please circle YES NO

**By signing this form, I certify that any and all statements made on this application are true, complete and correct to the best of my knowledge.**

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**Applicant Signature**

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**Date**

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**MCSA Staff Signature**

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**Date**

**Acknowledgement of Handbook**

I have read policies outlined in the Volunteer Handbook. I understand that I am bound to abide by the policies set therein. I further understand that MCSA may modify, revise and update the handbook manual at any time. I am also aware that the updating may include additions or deletions. I also certify that I have had ample time to discuss the handbook and its contents with a MCSA staff supervisor and I fully understand the contents.

With this knowledge I accept the policies outlined herein as a condition of volunteering at MCSA.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

MCSA Staff Signature \_\_\_\_\_ Date \_\_\_\_\_