

# Volunteer Application

**PLEASE READ BEFORE COMPLETING:** The Cooperative Ministry will conduct a Criminal History Check with the South Carolina State Law Enforcement Division for each volunteer as part of the application process. You will need to authorize this background check on Page 2 of this application.

## PERSONAL INFORMATION

Full Name:

Street Address:

City, State & ZIP:

Primary & Alternate Telephone:

Email Address:

Reason for Volunteering? Personal Interest, Community Service (Graduation Requirement), Internship, Court-Ordered Service

Age: (If Under 18, Parental Consent Required—Page 2)

Church, School, or Organization Affiliation / Referral:

## VOLUNTEERISM QUESTIONNAIRE

Please Circle Volunteer Areas That Interest You

Clothing Bank    Data Entry    Front-End Reception    Tax Preparation

Available Hours Per Week:

Do You Prefer Mornings or Afternoons?

## EMERGENCY CONTACT

Name:

Relationship to Applicant:

Telephone Number(s):

PLEASE COMPLETE REVERSE SIDE

The Cooperative Ministry considers applicants for volunteer positions without regard to gender, race, age, religion, national origin, veteran, marital status, or any other legally protected status.

## AUTHORIZATIONS

1. I certify that the facts set for in this application are true and complete to the best of my knowledge.
2. I understand that any false statement, omission or representation in my application or placement interview may result in the rejection of my application or discharge from the volunteer program.

### 3. Adult Volunteer Background Check

I understand the volunteer position I am applying for requires a Criminal History check (**adults only**). I authorize The Cooperative Ministry to provide my date of birth and Social Security number to the SC State Law Enforcement Division (SLED) for the purpose of this required check.

DATE OF BIRTH: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

SSN: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

### 4. Parental Authorization for Minor Applicant to Serve

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

# Client Confidentiality

## **POLICY STATEMENT**

It is the policy of The Cooperative Ministry to fully safeguard client’s privacy and confidentiality.

## **RATIONALE**

The very fact that an individual is served by The Cooperative Ministry must be kept private and confidential. Disclosure can be made only under specified conditions, which are described below, for reasons relating to law enforcement and fulfillment of our mission.

## **PROCEDURE**

Employees will, to the best of their ability, ensure confidentiality and privacy in regard to history, records and discussions about the people we serve. This means that staff and volunteers shall not disclose any information about a person, including the fact that he or she is or is not served by our organization, to anyone outside of this organization unless permitted to do so by the Chief Executive Officer or other authorized personnel. The principle of confidentiality must be maintained in all programs, departments, functions and activities.

No information requested by someone outside of The Cooperative Ministry will be given over the telephone except by supervisors or designated staff.

If records are inspected by an outside agency, the individual who inspects the records must be specifically authorized to do so by the Chief Executive Officer. The taking of notes, copying of records or removal of records is specifically prohibited in such cases, except as may be required by court action.

Staff will not discuss any individual’s record with unauthorized individuals, whether on or off duty. All employees are required to sign a Confidentiality Acknowledgement stating their responsibility and commitment in regard to client information (see below).

## **Confidentiality Acknowledgement**

1. I shall respect the privacy concerns of the people we serve, and I shall hold in confidence all information obtained in the course of professional service, whether that information is obtained through written records or daily interaction with the person. Therefore, I will not disclose an individual’s confidences to anyone, except when authorized by my supervisor.
2. I shall store or dispose of professional records in ways that maintain confidentiality.
3. I shall possess a professional attitude which upholds confidentiality toward the people we serve, colleagues, applicants and any sensitive situations arising within The Cooperative Ministry.
4. I, upon my termination, shall maintain client and co-worker confidentiality and I shall hold confidential any information about sensitive situations within The Cooperative Ministry.
5. I understand that violation of this confidentiality statement may be grounds for immediate dismissal.

Staff/Volunteer/Intern Signature	Printed Name	Date
Supervisor Signature	Printed Name	Date

Date: \_\_\_\_\_

Service Area: \_\_\_\_\_

# Media Release

I grant to The Cooperative Ministry, its employees, or agents to take photographs, videotape, or other digital recordings of me. I further consent that my name and identity may be revealed therein or by descriptive text or commentary. **Please Initial** \_\_\_\_\_

I understand and agree my image, likeness, or voice may be used in all media produced or used by The Cooperative Ministry. This use includes social media, print materials, websites, and email.

**Please Initial** \_\_\_\_\_

I release to The Cooperative Ministry, its agents, and employees all rights to publicly or privately exhibit this work in print and electronic form. I waive any rights, claims, or interest I may have to control the use of my identity or likeness in whatever media is used.

I understand there will be no financial or other remuneration for photographing or recording me, either for initial or subsequent transmission or playback.

I also understand that The Cooperative Ministry is not responsible for any expense or liability incurred due to my participation in photography, videotaping, or digital recording sessions, including medical expenses due to any sickness or injury incurred.

I represent that I am at least 18 years of age, have read and understand the preceding statement, and am competent to execute this agreement.

<b>Printed Name</b>	
<b>Signature:</b>	
<b>Date</b>	
<b>For volunteers under 18 Signature of Parent or Legal Guardian</b>	
<b>Printed Name and Date</b>	