



GRACE

VOLUNTEER APPLICATION

610 Shady Brook Drive • Grapevine, TX 76051
 817-305-4653 • 817-488-2181 fax • volunteer@gracegrapevine.org

Volunteers are a vital part of GRACE, and we THANK YOU for donating your valuable time and talent to further the GRACE mission. Please complete and sign this Application. Depending on the position desired, you may be subject to a background criminal record check and/or driving history check. Individuals ages 14 and up may complete a volunteer application. Individuals under age 14 may help as part of a family or group project such as food drives, service projects, and special events.

Mr./Mrs./Ms.: _____ D.O.B.: _____
FIRST NAME MIDDLE INITIAL LAST NAME MM/DD/YYYY

Address: _____
STREET CITY STATE ZIP CODE

Employment: _____
COMPANY OR SCHOOL, IF A STUDENT POSITION OR GRADE LEVEL

Contact Info: _____
HOMETELEPHONE # WORK TELEPHONE # CELL PHONE #

Email Address: _____

Would you like to receive the GRACE Weekly e-Newsletter? _____ Yes _____ No

Health and Physical Restrictions (List All): _____

Emergency Contact: _____
NAME RELATION DAYTIME TELEPHONE # OTHER TELEPHONE #

Church / Civic Group Affiliations (Please list): _____

OFFICE USE ONLY:
 Orientation Date: _____
 Start Date: _____
 Dept. CC'd: _____
 VerifY:

Department Selections

- ADMINISTRATION
- CLOTHING ROOM
- GRACEFUL BUYS
- STYLE & GRACE

- CLIENT SERVICES
- DEVELOPMENT
- PANTRY
- TRANSITIONAL HOUSING

- CLINIC
- DONATION STATION
- SEASONAL PROJECTS

 **GRACE VOLUNTEER APPLICATION**
(continued)

VOLUNTEER STATUS ACKNOWLEDGMENT

I agree that I am not an employee of GRACE and am not entitled to receive employee benefits or compensation. I understand that I am not eligible to receive workers' compensation benefits.

AUTHORIZATION TO USE PHOTOS/OTHER RECORDINGS

I grant to GRACE all rights to all photographic images and video or audio recordings of me and made by or on behalf of GRACE in connection with my volunteer service.

PERSONAL INSURANCE

I understand that GRACE may not have and has no obligation to provide health or liability insurance for volunteers. It is my choice and responsibility to have personal health and liability insurance to cover my health and property (including my vehicle) while volunteering.

RELEASE

I fully RELEASE GRACE, its successors, assigns, officers, directors, employees, agents and representatives (collectively, "Released Parties"), from any and all actions, suits, liability, claims, demands, losses, and costs for damages or other legal or equitable relief of any nature, including claims for personal injury, death, or property damage, which may arise from any act or omission (excluding acts or omissions involving gross negligence or willful misconduct) of the Released Parties or my volunteer activities affiliated with GRACE, whether or not foreseeable or contributed to by the Released Parties.

CONFIDENTIALITY

I agree that I am responsible for securely maintaining the confidentiality of all proprietary, personal, confidential, or privileged information to which I may be exposed while serving as a GRACE volunteer, whether this information involves GRACE, a staff member, volunteer, client, or other person.

GRACE'S VOLUNTEER POLICIES AND PROCEDURES

I agree to comply with GRACE's Volunteer Policies and Procedures, which are available for review at www.gracegrapevine.org or otherwise upon request.

AFFIRMATION OF INFORMATION

The information provided on this Application and any supplement is true, complete and accurate.

APPLICANT'S SIGNATURE

DATE

PARENTAL APPROVAL – REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE

I certify that _____, my son/daughter, is fully capable of participating as a GRACE volunteer without compensation and has my permission to participate as a volunteer for GRACE. The "RELEASE" provision of this Application shall be fully enforceable as between GRACE and my child and me. I understand the risks involved with my child being a volunteer.

PARENT/GUARDIAN SIGNATURE AND PRINTED NAME

DATE