



GRACE VOLUNTEER APPLICATION

"Giving as we have received, to help those in need."

Physical Address: 610 Shady Brook, Grapevine · Mailing Address: P.O. Box 412, Grapevine, TX 76099
817-488-7009 ext.119 fax: 817-488-2181 e-mail: jsmith@gracegrapevine.org

PERSONAL INFORMATION

*Mr./Mrs./Ms. _____
FIRST NAME MIDDLE INITIAL LAST NAME

*Address _____
STREET CITY STATE ZIP

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

HOME TELEPHONE WORK TELEPHONE CELL PHONE

Birthdate: _____ Church Affiliation (if any): _____
MO/DATE/YR NAME OF CHURCH

Civic Group Affiliations (Please list): _____

E-mail Address: _____

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

Health Restrictions: _____
NOTE ANY THAT APPLY TO YOUR WORK AT GRACE

Emergency Contact: _____
NAME RELATION DAYTIME NUMBER OTHER NUMBER

SCHEDULE INFORMATION

Shifts (Hours vary by Department): Morning Mid-Day Afternoon

Availability: Regular Varies Seasonal On Call

Amount: _____ Times Per Week _____ Times Per Month

Days Available: Mon Tues Wed Thurs

(Jobs vary by days) Fri Sat

FOR OFFICE USE ONLY:

Volunteer Assignment _____

Notes: _____

ADDITIONAL INFORMATION

Volunteers are a vital part of the GRACE mission. Individuals ages 14 and up may complete a volunteer application. Younger helpers (under age 14) may help as part of a family or group project. Group projects include food drives, cleaning and repair projects, special events and service projects.

In order to become an individual volunteer at GRACE, please complete this form and sign below. State your preference of work areas and volunteer positions listed on the back of this form. Attending an Orientation Session at GRACE for more information about skills and time needed for each position is required.

Please be sure you have personal and liability insurance to cover your health and vehicle while volunteering. We do our best to assure safety of all volunteers but cannot guarantee insurance coverage in the event of an accident.

SIGNATURE

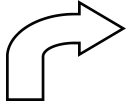
- I understand that GRACE cannot be liable for any injuries or illness that I or my dependants may suffer.
- I realize that as a GRACE volunteer, I will be expected to follow directions carefully, to be dependable, and to maintain client confidentiality. Volunteers under 18 must have parent's signature.

Name Date

Parent's Signature Date

GRACE DEPARTMENTS AND VOLUNTEER OPPORTUNITIES

(Please put a check mark by departments and/or positions of interest to you)



- **ADMINISTRATION**
 - Bulk Mailings
 - Clerical
 - Events
 - Board of Directors
- **CLIENT SERVICES**
 - Case Worker (additional training required)
 - Seasonal Program Worker
 - Commodities Delivery
- **CLOTHING ROOM**
 - On-site worker
- **DONATION STATION**
 - Production/Intake
 - Sorting & Receiving
- **GRACEFUL BUYS**
 - Cashier
 - Sales Assistant
- **LEND-A-HAND (On-Call Volunteer)**
 - Light Cleaning
 - Yard/Lawn Care
 - Repairs
- **FURNITURE WAREHOUSE**
 - Furniture P/U
 - Sales Assistance
 - General Labor
- **PANTRY**
 - Worker
 - Pick Up/Delivery
- **TRANSITIONAL HOUSING**
 - Client Aid (additional training required)
- **CLINIC**
 - Medical (MD, RN, other)
 - Administrative
 - Translator
 - Pharmacist

RESOURCES (please check any that apply):

- Truck / SUV
- Donor Contacts
- Building Materials
- Building Equipment
- OTHER: (please list)

SKILLS (please check any that apply):

- Bilingual
- Computer Expertise
- Public Speaking / Presentations
- Fundraising / Event Organizer
- Mechanical/Car Repair
- Video Production
- OTHER: (please list)

COMMUNITY SERVICE RESTITUTION

Please indicate your offense and the number of hours you will work:



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name Grapevine Relief and Community Exchange		
Contact Name Melissa Simpkins			
Agency's Main Phone Number 817-488-7009		Agency's Fax Number 817-488-2181	

APPLICANT INFORMATION:

Applicant Full Name (Last, First, MI)		Maiden or Other Name(s) Used		
Current Address				
City		State	Zip Code	County
Social Security Number	Date of Birth	Driver's License Number		State Issued
Position Applied For				
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Race <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Anglo <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other			

I hereby authorize VERIFYI and or its Service Provider to request and receive any and all background information about or concerning me, including but not limited to my Criminal History, Social Security Number Trace including a consumer report under the Fair Credit Reporting Act, 15 U.S.C 1681, Driving Record, Employment History, Military Background, Civil Listings, Educational Background, Professional License from any Individual, Corporation, Partnership, Law Enforcement Agency, and other entities including my Present and Past Employers.

The criminal history, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudications and delinquent conduct as committed as a juvenile. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history check may be repeated at any time. I understand that I will have an opportunity to review the criminal history as received by client/agency and a procedure is available for clarification, if I dispute the record as received. I also understand that the criminal history could contain information presumed to be expunged.

I further release and discharge VERIFYI and their Service Provider and all of their Subsidiaries, Affiliates, Officers, Employees, Contract Personnel, or Associates, from any and all claims and liability arising out of any request for information or records pursuant to this authorization, procurement of an investigative consumer report and understand that it may contain information about my character, general reputation, personal characteristics, and mode of living, whichever are applicable.

I understand that I have the right to make written request within a reasonable period of time to VERIFYI for additional information concerning the nature and scope of the investigation. I acknowledge that I have voluntarily provided the above information for employment/volunteer purposes, and I have carefully read and understand this authorization.

Applicant's Signature

Date

Applicant's Printed Name

Parent/Guardian's Signature
(if under 18 years of age)