



GRACE COMMUNITY SERVICE APPLICATION

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

Physical Address: 837 E. Walnut St.

Mailing: Grapevine TX 76051

817-305-4655 e-mail: volunteer@gracegrapevine.org

www.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 MOBILE PHONE E-MAIL

Birthdate: _____ Credit Hours to: (circle) **Community Service Restitution or School Affiliation**
MO/DATE/YR

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

Emergency Contact: _____
NAME RELATION DAYTIME NUMBER OTHER NUMBER

FOR OFFICE USE ONLY

Vol. Assignment: _____

Case Information

Court/County/ Atty.: _____

Of Hours to Complete: _____

Case #: _____ **Offense/Charge:** _____

Probation Officer: _____

ADDITIONAL INFORMATION

Volunteers are a vital part of the GRACE mission. Individuals ages 14 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

Community Service Restitution

As a community service provider, I understand that I am performing a valuable and required service for the community. I understand that in addition to the expectations and requirements of my probation office, GRACE will enforce the following policies:

I understand that during my services at GRACE, profanity, being under the influence of drugs or alcohol, inappropriate dress or behavior will not be tolerated.

I understand that on days I am serving at GRACE, I am to check out with the GRACE Staff member whose supervision I am under, before I leave for lunch or for any other reason.

I am allowed one excused absence for each twenty hours of assigned community service. For example, someone assigned 100 hours of community service is allowed five excused absences. An excused absence is one in which I call prior to my assigned service time to let the department manager know I am unable to serve that day. An unexcused absence is one in which I fail to call or show up for service at my assigned service time.

If I exceed the number of excused absences or have even one unexcused absence my service at GRACE may be terminated at the discretion and decision of the Volunteer Coordinator and the department manager.

GRACE is under no obligation to notify me of termination of my service but will attempt to notify me by phone or mail if my service has been terminated.

Once my service is terminated my probation officer will be notified in writing at the beginning of the following month.

GRACE is under no obligation to reinstate my service after termination, but the Volunteer Coordinator may do so at his/her discretion. Any unusual circumstances affecting my potential or actual termination of service at GRACE may be discussed with the Volunteer Coordinator, but the final decision for termination rests solely with the Volunteer Coordinator.

My signature below tells the Volunteer Coordinator that I have read and understand this policy.

Signature

Date