



837 E. Walnut Dr. ▪ Grapevine, TX 76051  
 817-305-4655 ▪ 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, driving history check, or a formal orientation. Individuals ages 1 and up may complete a volunteer application. Individuals under age 1 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 MO/DATE/YEAR

Address: \_\_\_\_\_  
ADDRESS CITY STATE ZIP CODE

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

Contact Info: \_\_\_\_\_  
HOME TELEPHONE # 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 NUMBER OTHER NUMBER

Church / Civic Group Affiliations (Please list): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY**

<input type="checkbox"/>	ADMINISTRATION	<input type="checkbox"/>	CLIENT SERVICES	<input type="checkbox"/>	CLINIC
<input type="checkbox"/>	CLOTHING ROOM	<input type="checkbox"/>	DEVELOPMENT	<input type="checkbox"/>	DONATION STATION
<input type="checkbox"/>	GRACEFUL BUYS	<input type="checkbox"/>	PANTRY	<input type="checkbox"/>	SEASONAL PROJECTS 7 <small>\ M * # # #</small>
<input type="checkbox"/>	STYLE AND GRACE	<input type="checkbox"/>	TRANSITIONAL HOUSING	<input type="checkbox"/>	FRIENDS AND FAMILY
<input type="checkbox"/>	COMPASS	<input type="checkbox"/>	GARDENS	<input type="checkbox"/>	SPECIAL EVENTS

OFFICE USE ONLY

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

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

Dept. CC'd \_\_\_\_\_

Verify:



**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](http://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 PRINTED NAME	DATE
_____	_____
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 PRINTED NAME	DATE
_____	_____
PARENT/GUARDIAN SIGNATURE	DATE