



APPLICATION FOR VOLUNTEERS

995 Roswell Street. Suite 100. Marietta GA. 30060. 770-428-2601. Fax: 770.428.5231. www.TheCFR.org

First Name _____ Initial _____ Last Name _____
 Address _____ Apt. _____ City _____ State _____ Zip Code _____
 Home Phone _____ Business Phone _____ E-mail _____
 Social Security No. _____ Date of Birth _____ Fax _____
 Gender: M F Felony Conviction Y N Languages _____
 Employer _____ Title _____ Education & Degree _____
 Race (Optional): African-American Asian Caucasian Hispanic Native-American Pacific-Islander Other
 Talents/Skills/Interest _____

Contact in case of emergency: Name _____
 Phone _____ Relationship _____

Marital Information: S M D W
 Spouse Name _____
 Dependent Children _____
 Ages _____

How did you learn about The Center for Family Resources?

Do you have court ordered community service hours? Y N

Have you or a family member ever received or applied for assistance from The Center for Family Resources? Y N

Why do you wish to volunteer with The Center for Family Resources?

What other kinds of volunteer work have you done in the past?

When are you available? Give days and hours.

	S	M	T	W	T	F	S
Morning (9-12)							
Afternoon (1-4)							
Evening (5-9)							

Physical Limitations: Y N
Known Accommodations:

References that can be contacted (please give 2):

Name _____ Phone _____ **Professional**
 Address _____ **Personal**
 City/State/Zip _____
 Name _____ Phone _____ **Professional**
 Address _____ **Personal**
 City/State/Zip _____

Please rate #1-#5, the top five areas in which you'd be most interested in volunteering (#1 being your first choice):

____ Food Pantry (Wed.) ____ Administrative/Clerical (daytime) ____ Mentoring (evenings/weekend) ____ Saturday Academy (twice monthly)
 ____ Tutor Academy (Wed. evenings) ____ Adult Education/GED (evenings) ____ Job Readiness Coach (Weekdays 9am-12noon)
 ____ Mansour Center Greeter ____ Intake (Weekdays)

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references listed to give any and all pertinent information concerning my employment, personal issues, or other matters, and release all parties from all liability for damage that may result from furnishing same to you.

Signed: _____ Date: _____

Office Use Only:
 Background: _____ Department: _____
 RE/CC: _____ Follow-up: _____
 Welcome Packet: _____ Start Date/Time: _____

APPLICANT'S *Disclosure & Consent* RELEASE OF INFORMATION

APPLICANT INFORMATION (Please Print)

Account Number: 101-211465

Applicant Name: (First Middle Last)	Current Address: (street address)
Other Name(s) Used: (like Maiden)	City: _____ State: _____ Zip: _____
2. Other Name(s) Used:	Former Address: (1)
Social Security No:	City: _____ State: _____ Zip: _____
Driver's License No.: _____ State: _____	Former Address: (2)
Date of Birth: _____ Place of Birth: (City, State, Country)	City: _____ State: _____ Zip: _____

Applicant Instructions: Please read this disclosure and consent form carefully before signing. You will be provided with a copy of this form at any time upon request.

DISCLOSURE AND CONSENT CONCERNING CONSUMER REPORTS FOR EMPLOYMENT APPLICANTS AND EMPLOYMENT PURPOSES.

You should read carefully. This consent and release has been provided to you for this employer to request a consumer report or investigate consumer reports in connection with your application for employment, resume or during the course of your employment, if any.

The Applicant acknowledges that this company may now, or at any time while employed, verify information within the application, resume or contract for employment. The verifications and/or checks may include but not limited to: driving record, workers compensation records, credit bureau files, employment references, personal references, any educational and licensing institution and to receive any criminal record information pertaining to me which may be in the files of any Federal, State or Local criminal justice agency in Georgia or any other State. A photocopy or telephonic facsimile (Fax) of this Disclosure and Consent authorization for Release of Information shall be valid as the original. The results of this verification process will be used to determine employment eligibility. All results will be kept CONFIDENTIAL. The information obtained will not be provided to any parties other than to designated Company Personnel.

According to the Fair Credit Reporting Act, if any adverse decision is made with regard to application for employment, based entirely or in part on the information contained in a consumer report or investigative consumer report prepared by a consumer reporting agency, you are entitled to receive a copy of this report upon written request, and a disclosure of the nature and scope of the investigative report.

Your signature below indicates that you have carefully read and understand that a consumer report or investigative consumer report regarding you may be requested and reviewed for employment purposes, including any future decisions concerning your employment, promotion, or retention as an employee. Additionally, your signature below reflects your understanding that such consent will remain in effect indefinitely until you revoke it in writing.

CONSENT STATEMENT

I have carefully read and understand this disclosure and consent form and by my signature consent to the release of consumer or investigative consumer reports, as defined above in conjunction with my application for employment. I further understand this consent will apply during the course of my employment, should I obtain such employment, and that such consent will remain effect until revoked in a written document signed by me. In the event that I wish to refuse or revoke my consent at any time, I understand that I may do so. I further understand that any and all information contained in my job application, or otherwise disclosed to this employer by me may be utilized for the purpose of obtaining the consumer reports or investigative consumer reports requested by the Employer and confirm that all such information is true and correct.

I, the undersigned applicant, do hereby certify that the information provided by me for the purpose of employment is true and complete to the best of my knowledge. I understand that if I am employed, any false statements will be considered as a cause for possible dismissal.

I authorize InfoMart and any of its Agents/designated Company Personnel, to disclose orally and in writing the results of this verification process and/or interview to authorized representatives. I do hereby agree to forever release and discharge this company, our agent, InfoMart and their associates to the full extent permitted by law from any claims, damages, losses, liabilities, costs and expenses, or any other charge or complaint arising from the retrieving and reporting of information. **ATTENTION RESIDENTS OF CALIFORNIA, MINNESOTA, & OKLAHOMA ONLY:** By checking this box, I request to receive a copy of the report from the credit reporting agency at no charge at the same time the report is provided to the prospective employer.

APPLICANT:

Applicant Signature

Date

Applicant Name Typed or Printed



Fax to (770) 423-2234



The Center for Family Resources

RELEASE AND WAIVER OF LIABILITY

(Parent/Gaurdian signature required for individuals under the age of 18)

(Read this document carefully before signing; it is a legal document that affects your legal rights.)

This Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, 200__, by _____ (the "Volunteer") in favor of The Center for Family Resources, a Georgia nonprofit corporation, and its directors, officers, employees, volunteers, and agents (collectively, "CFR").

The Volunteer desires to work as a volunteer for CFR and engage in activities related to CFR's goal of assisting individuals and families to attain self-sufficiency (the "Activities"). In consideration of CFR's allowing the Volunteer to engage in the Activities, the Volunteer, being at least 18 years of age, hereby freely, voluntarily, and without duress, agrees as follows:

Release and Waiver

The Volunteer understands that the Activities may include intense physical labor, strenuous activity, traveling to work sites or other tasks which entail a risk of physical injury. Volunteer does hereby release and forever discharge and hold harmless CFR and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's participation in the Activities. Volunteer understands that this Release discharges CFR from any liability or claim that the Volunteer may have against CFR with respect to any bodily injury, personal injury, illness, death, property damage or other harm that may result from Volunteer's participation in the Activities, whether caused by the negligence of CFR or its officers, directors, employees, or agents or otherwise. Volunteer also understands that CFR does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Confidentiality

As a volunteer at CFR, I pledge to hold in strict confidence, all personal and official matters which come to my attention. It is my responsibility to respect and preserve the privacy of the clients as well as any details involved.

Medical Treatment

Volunteer does hereby release and forever discharge CFR from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with CFR.

Insurance

Volunteer understands that, except as otherwise agreed to by CFR in writing; CFR does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release

Volunteer does hereby grant and convey unto CFR all right, title, and interest in any and all photographic images and video or audio recordings made by CFR during the Volunteer's participation in the Activities, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Georgia Law

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Volunteer Printed Name: _____

Volunteer Signature: _____

Parent/Guardian Signature (if under the ages of 18): _____

Address: _____

Email: _____

Phone (H): _____

(W): _____

(C): _____

In case of emergency, please contact: _____

Contact Information: _____



THE CENTER FOR FAMILY RESOURCES

STATEMENT OF CONFIDENTIALITY

Below is a statement regarding confidentiality as it relates to client information. Please read this statement carefully as you will be asked to sign it before you begin your volunteer service. If you have any questions, or if any parts of the statement or examples are unclear to you, discuss with the volunteer coordinator prior to signing.

Any breach of confidentiality is grounds for immediate termination of your volunteer assignment.

STATEMENT OF CONFIDENTIALITY

This is a statement of my understanding of the importance of confidentiality in all areas of client information. I understand that any breach of confidentiality is grounds for termination of my volunteer assignment.

- 1) Clients have a right to the protection of confidential information about themselves. Only in exceptional situations, (e.g., a court subpoena) or where it is necessary to protect the client or others may the Organization supersede this right.
- 2) Clients are usually the primary source of information about themselves. The Organization must obtain written consent before sharing information with other organizations.
- 3) Even within the organization, employees and volunteers must keep client-entrusted confidences from disclosure to any staff member or volunteer who is not essential for providing services to the client.
- 4) Upon receiving a confidential report from another organization or individual, The Center for Family Resources does not have the right to divulge this information to a third party without securing the client's written permission.
- 5) The use of a case record for research or training is not a breach of confidentiality, provided the employee has effectively disguised the identity of the client and their family in the exercise materials.
- 6) At times photographs and human-interest stories are needed to publicize and promote The Center for Family Resources. The clients must first sign the appropriate form giving their permission.

Examples of Breach of Confidentiality (not all-inclusive):

1. Discussing a client's case plan or situation when it is not essential for providing services;
2. Naming a client and their case plan or situation in a public setting;
3. Speaking of a client within hearing of other clients;
4. Reading any client's file when not essential to providing services;
5. Asking any The Center for Family Resources staff or volunteer about the case plan or situation of a client known personally to me;
6. Reading any correspondence or information relating to a client and/or discussing that information with others when not related to providing services to the client;

I have read in full and understand the above statements and principle. I agree to hold in strict confidence, all personal and official matters which come to my attention.

Volunteer Printed Name

Volunteer Signature

Date