



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, driving history check, or a formal orientation. 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 MO/DATE/YEAR

Address: _____
STREET 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
<input type="checkbox"/>	STYLE AND GRACE	<input type="checkbox"/>	TRANSITIONAL HOUSING	<input type="checkbox"/>	FRIENDS AND FAMILY

OFFICE USE ONLY

Orientation Date: _____

Start Date: _____

Dept. CC'd _____

Verify:

 **GRACE VOLUNTEER APPLICATION****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 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

 **GRACE**
VOLUNTEER APPLICATION
SUPPLEMENT

REFERENCES AND SPECIALIZED TRAINING

Print your full name.: _____

Please list the name, phone number, and email address for three references to include two professional and one personal reference.

1. Name: _____

Phone #: _____

Email: _____

2. Name: _____

Phone #: _____

Email: _____

3. Name: _____

Phone #: _____

Email: _____

Specialized Training

All Volunteers required to complete Specialized Training must have a signed form on file.

Specialized Training Completion Date: _____

Volunteer Manager

Date

Manager

Date



Background Verification Release Form

AGENCY INFORMATION

Date	Agency Name		
Contact Name			
Agency's Main Phone Number		Agency's Fax Number	

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 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 within 36 months from the date on this document. 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)



GRACE Feed Our Kids

Volunteer Coordinator Application

CRIMINAL BACKGROUND INFORMATION

GRACE values the safety of all clients, partner agencies, participants, employees, and volunteers. Pursuant to GRACE Volunteer Policies, and based on the below-named Applicant's desired or assigned volunteer position(s), the Application must complete this Supplement, as well as submit to a background criminal records check. Applicant may be provided a criminal record check consent form to be completed and returned to GRACE for this purpose as well. The existence of a conviction or charge is not an automatic disqualifier. If a background check includes an offense, GRACE may immediately disqualify the Applicant from volunteering until further notice. GRACE may investigate all information to confirm its scope and accuracy before a determination is reached.

PLEASE COMPLETE THE FOLLOWING INQUIRIES:

Has a civil or criminal complaint ever been filed against you that alleged sexual misconduct or child abuse by you or your participation in or facilitation of any activity? Yes No.

If Yes, please explain below. Provide the date, place/state and nature of the incident leading to the complaint; where the complaint was filed; and the disposition of the matter. Attach a separate sheet if necessary.

Have you ever chosen not to renew or continue employment or volunteer service, had your employment or volunteer service terminated, or been subject to disciplinary action, for reasons

relating to allegations of sexual misconduct or child abuse by you? Yes No. *If Yes, please explain below. Provide the date and nature of the matter, and the disposition.*

Have you ever been convicted (or plead guilty) to a crime (felony or misdemeanor) other than minor traffic violations? Yes No. *If Yes, please explain below. Provide the date and place of any conviction and the nature of the crime.*

Explain:

PERMISSION TO CONDUCT CRIMINAL BACKGROUND CHECK

By my signature below, I give permission for GRACE to conduct a background check on me, which may include a review of sex offender registries, child abuse and criminal history records. I RELEASE GRACE, its officers, directors, employees, volunteers and agents, and any other person or organization that may provide such information for this purpose.

AFFIRMATION OF INFORMATION

The information provided on this Application is true, complete and accurate. If accepted as a volunteer, any misrepresentation or omission of fact may result in termination of services.

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S SIGNATURE

DATE