

MACC Volunteer Application – Page 1 of 3

Thank you for applying to become a MACC volunteer. After completing these forms, please contact Jacki Campion at (860) 647-8003.

Today's Date: _____

For Office Use Only

This section is for MACC office use only. Please skip to the next section.

Authorization Status: _____ Level: _____ Start Date: _____
 Program/Event: _____ Assignment: _____

[1] About You

Your Name: First: _____ Middle: _____ Last: _____

Home: Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Email: _____

Your Age: *Under 18: [] 18-20: [] 21-29: [] 30-39: []

40-49: [] 50-59: [] 60-69: [] 70+: []

*Applicants under 18, must fill out the Youth & School sections

[2] Community Groups / Church

If you are affiliated with a local church, community group, or corporation, please fill out this section.

Community Group: _____

[3] Availability / Preferred Times

Please fill in the hours you will be available to volunteer. Remember, this is not your final assignment.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Hours Available							
From:							
To:							

[4] Emergency Contact Information

In the event of an emergency, list two people we should contact.

Weekday Contact: Relationship: _____ (for example: brother, mother, aunt)

(available Monday-Friday) First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Weekend Contact: Relationship: _____ (for example: brother, mother, aunt)

(available Sat. & Sun.) First: _____ Middle: _____ Last: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

[5] Medical Emergency Information

In the event of a medical emergency, is there information we should know about? Example: asthmatic with inhaler, epilepsy, allergies to bee stings or food, diabetic needing insulin, carry nitroglycerin pills, etc.

Your Doctor: Full Name: _____ Phone: _____

Medical information List Allergies: _____

Medical Conditions: _____

Other Information: _____

[6] Personal References

List three people who are not family members who we may contact as personal references

Person 1: Full Name: _____ Phone: _____

Person 2: Full Name: _____ Phone: _____

Person 3: Full Name: _____ Phone: _____

MACC Volunteer Application – page 3 of 3

Please read, understand, and sign the following agreements. Each volunteer must sign sections [13] and [14] of this document yearly on the first date you volunteer in the current year. Junior volunteers need to have section [15] signed by a parent or guardian. If you have questions, please contact Jacki Campion at (860) 647-8003.

[13] Client Rights and Confidentiality

The following policy of confidentiality must be signed, understood and adhered to:

- Volunteers shall not exploit relationships with clients for personal advantage.
- Volunteers shall not practice, condone, or facilitate any form of discrimination on the basis of race, color, gender, sexual orientation, age, religion, political belief, mental or physical handicap, or social stature.
- Volunteers shall not engage in any action which violates or denies the civil or legal rights of a client or diminishes the client's dignity or personal integrity.
- Volunteers shall at all times respect the privacy of clients and hold in confidence all information received in the course of service.
- Volunteers are not permitted to give out a client's name without the written permission of the client and approval of the Executive Director of MACC.

I have read the above statements and fully understand MACC's policy regarding client rights and confidentiality. I agree to adhere to the Manchester Area Conference of Churches' policy regarding client rights and confidentiality. I understand that failure to comply with this policy will result in my termination as a volunteer.

Volunteer Signature: _____

[14] Volunteer Release

In consideration of the opportunity to volunteer for the Manchester Area Conference of Churches, and other valuable consideration derived from such volunteering, I hereby agree to waive all rights to pursue any claims, lawsuits, or legal actions of any type against the Manchester Area Conference of Churches (MACC), and their officers, employees, board members, volunteers, and all other persons working with respect to MACC. And I expressly release and discharge MACC from any and all responsibility and liability of any type of injury, harm, loss, or damage of any type to my person or property that I may sustain while volunteering at MACC, even if such injury, harm, loss, or damage is caused in whole or in part, due to the negligence or lack of proper care of MACC, its employees, officers, Board members, volunteers, and all other persons working with MACC.

I hereby warrant that I am at least eighteen years old (*) and have every right to contract in my own name in the above regard. By signing below I state further that I have read the above release, prior to its execution, that I am fully familiar with the contents thereof, and that I am in full agreement to its terms.

Volunteer Name (please print): _____ **Date:** _____

Volunteer Signature: _____

[15] Parental Permission (if under 18)

I give my permission for my son/daughter to participate in the Junior Volunteer program at MACC and to work in the volunteer area that he/she is assigned. I will help him/her to carry out the commitment.

Parent Name (please print): _____ **Date:** _____

Parent Signature: * _____ **Date:** _____

(*) Volunteers between 14 and 17 years of age must have this form signed by a parent or guardian