



## VOLUNTEER APPLICATION

Thank you for considering Wiseman Ministries, Inc. as the beneficiary of your time and talents. Please fill out this application so that we might utilize your skills and abilities to our mutual advantage.

Name \_\_\_\_\_ Date \_\_\_\_\_

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email \_\_\_\_\_

Have you been convicted of a felony?      Yes      No

Please explain the nature of the felony, date, & state of conviction.

\_\_\_\_\_

\_\_\_\_\_

Volunteer work preferred \_\_\_\_\_

Date available to start \_\_\_\_\_

What skills/training do you wish to utilize at Wiseman Ministries, Inc?

\_\_\_\_\_

\_\_\_\_\_

Are you volunteering for a one-time event?      Yes      No

If yes, what event? \_\_\_\_\_

Hours available to volunteer: (please fill in **all** times that apply)

Day	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
From							
To							

**Volunteer history:**

Organization Name \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ years involved \_\_\_\_\_

Your responsibilities \_\_\_\_\_

\_\_\_\_\_

**Work history:**

Organization Name \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ years employed \_\_\_\_\_

Your responsibilities \_\_\_\_\_

\_\_\_\_\_

**Professional reference:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ years acquainted \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Personal reference:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_ years acquainted \_\_\_\_\_

Phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency contact information:**

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Home phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Work phone number (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Do you have any medical conditions/ limitations we need to be aware of? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking medication? \_\_\_\_\_

If so, what? \_\_\_\_\_

How did you hear about the opportunities Wiseman Ministries, Inc. has to offer? \_\_\_\_\_

\_\_\_\_\_

**AGREEMENT- PLEASE READ CAREFULLY**

As a Wiseman Ministries, Inc. Volunteer, I will help Wiseman Ministries, Inc. achieve its mission to improve the community by improving the lives of its people through services, partnerships, collaborations, and the responsible use of community resources.

All information provided by me in support of my application for a Volunteer opportunity is true and correct to the best of my knowledge. I understand that misrepresentation or omissions may be cause for rejection or for subsequent dismissal if I am to Volunteer.

By signing this Volunteer application, Wiseman Ministries, Inc. is authorized to perform a background check on the applicant, as well as authorizing the interviewer to contact the two references.

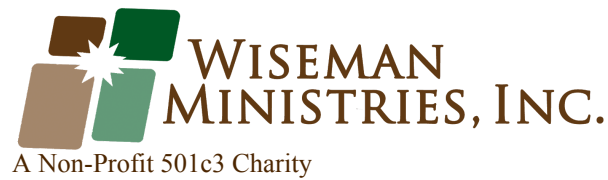
As a Volunteer, I may have access to privileged information and I understand the need to keep that information confidential. It is my personal choice to volunteer at Wiseman Ministries, Inc. and I understand that I will not be paid while volunteering.

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Applicant's Signature

Date

Please be advised that all information will be kept confidential. Upon receipt of this application, our office will contact you to discuss the status of your application. Please allow 3-4 business days for your application to be processed. If you have questions or require further information, please contact the Outreach Coordinator at Wiseman Ministries, Inc.



## **Volunteers**

**PURPOSE:** Wiseman Ministries, Inc. encourages maximum involvement of volunteers. This involvement promotes good agency/community relations and allows us to enhance our outreach programs. Most services provided by volunteers do not require special skills. A staff member will provide training and guidance, and will answer your questions. In making assignments to specific duties within Wiseman Ministries, Inc., we are asking you to share your abilities to assist us where you are needed the most. Feel free to discuss any concerns you may have about the volunteer program with your volunteer supervisor. We hope that you will benefit from your volunteer experience. We welcome you as a member of the growing community of individuals whose lives have been enriched by Wiseman Ministries, Inc.'s efforts to help others.

Whether you are serving as an individual volunteer or as part of a small group, you provide valuable assistance to Wiseman Ministries, Inc. As you contribute your talent, time, and energy, we hope you know that your assistance benefits the needs of the entire community.

**VOLUNTEER RESPONSIBILITIES:** Be sincere in your offer of service and believe in the value of the job to be done.

### **We ask that our volunteers:**

- Be willing to learn.
- Be willing to participate in orientation and training.
- Work to understand the function of the staff and maintain a smooth working relationship with them.
- Stay within the bounds of volunteer responsibility.
- Accept the guidance and decisions of the Outreach Coordinator, Store Manager, and/or Facility Director.
- Maintain the dignity and integrity of community service with the public.
- Carry out your assigned duties promptly and reliably.

**LIABILITY:** All accidents must be reported immediately to your immediate supervisor. Wiseman Ministries, Inc. does not provide insurance coverage for volunteers. In the event of an accident the volunteer is responsible for obtaining and paying for treatment.

**SHOPPING POLICY:** Volunteer shopping at Wiseman Ministries, Inc.'s Gifts of Grace Resale Stores is allowed before or after a volunteer's scheduled service time and not while working. Volunteers are prohibited from selecting/holding items for anyone to purchase from the production areas, donation centers or any area other than the sales floor.

**TIME:** The volunteer and the director of the department of service will agree upon days and hours.

**VOLUNTEER STATUS:** This statement of understanding is not an offer of employment or a promise of future employment. Individuals participating in the Wiseman Ministries, Inc. Volunteer Program are considered to be volunteers and therefore, not entitled to any form of compensation or employer funded benefit programs.

**WORK SITES:** Staff and the volunteer will agree upon the exact type of service to be performed and location of the work site location.

**EMPLOYMENT:** Wiseman Ministries, Inc. is under no obligation to hire any volunteer participating in the program.

I, the undersigned, agree to abide by the statements listed above. By signing this agreement, I state that I have received instructions in full understanding of my duties as a volunteer. I understand that either party upon notice to the other may cancel this agreement.

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Signature

Date



## **Volunteer Confidentiality and Fraternization Agreement**

*All volunteers must read, agree to, and sign this form prior to starting their volunteer placement with Wiseman Ministries, Inc.*

I, as a volunteer of Wiseman Ministries, Inc. agree to the following:

1. I understand that as a volunteer with Wiseman Ministries, Inc., I may not fraternize (associate on intimate terms) with any Wiseman Ministries, Inc. staff or program participants on or off premises.
2. I understand that I should abide by the "Visitor Guidelines" (copy included).
3. I understand that in the course of my volunteer work for Wiseman Ministries, Inc. I may learn certain personal and confidential facts about the staff and program participants of Wiseman Ministries, Inc.. Examples of such information are medical conditions, background information, finances, living arrangements, etc. I understand that all such information must be treated as completely confidential. Any identifying information including descriptions of the person's circumstance or situation is also confidential. I agree not to disclose any information of a personal and confidential nature to any person not also affiliated with Wiseman Ministries, Inc. without the specific consent of the individual to whom such information pertains.
4. I understand that I am permitted to speak about Wiseman Ministries, Inc. program participants with my supervisor for the purposes of consultation.
5. I understand that all written information is the property of Wiseman Ministries, Inc.

I agree to abide by the terms outlined above both during and after my time as a volunteer with Wiseman Ministries, Inc.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date