



*Where grateful meets gratifying*

Dear Parent,

Your son/daughter has expressed an interest in volunteer opportunities at MAM. Many students volunteer at MAM throughout the year and are able to bring a youthful enthusiasm and valuable service to our community. We hope that we can make your child's experience at MAM a meaningful one. Please be advised that MAM supports and depends on Community Service volunteers who are referred to us by the court system. While your child would never be assigned to work with a Community Service volunteer, you should be aware that we do make use of this resource.

Students under the age of 18 need written parental permission to volunteer at MAM. All students under the age of 16 must be accompanied by an adult while volunteering their service at MAM. Thank you for your support with this policy.

Please read and sign the Permission and Release form attached. Return this form to the Volunteer Office at Memorial Assistance Ministries, along with your child's Student Volunteer Application Form (also attached).

### **Steps To Help You Get Started!**

1. Contact the Volunteer Recruiter by phone or email at 713-574-7540 or [volunteers@maministries.org](mailto:volunteers@maministries.org) and schedule an appointment to visit MAM for a brief meeting and tour.

Date and Time of Meeting: \_\_\_\_\_

2. Complete the attached application/Permission & Release and bring it with you to your meeting.  Application and Permission & Release Completed

3. During your meeting, consider the many areas and volunteer opportunities. Based upon your schedule and interests, we will find a valuable volunteer opportunity for you!

Department I will be serving: \_\_\_\_\_

Starting Date: \_\_\_\_\_ Time/Shift: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_@maministries.org

**Permission and Release (Required)**

My child \_\_\_\_\_ has my permission to volunteer at Memorial Assistance Ministries ("MAM"). I do hereby specifically release, waive, discharge and covenant not to sue Memorial Assistance Ministries (MAM), its staff, volunteers, agents and governing bodies, for any action or causes of action including but not limited to personal injury, property damage or wrongful death, which may exist or which may hereafter arise during and following the participation of the above child in activities at Memorial Assistance Ministries (MAM).

I understand that my child may be exposed to some foreseen and unforeseen risks on account of my child's participation as a volunteer for MAM. I knowingly accept such risks and, fully understanding such risks, nonetheless grant permission for my child to participate as a volunteer for MAM. Therefore, on my own behalf and on behalf of my child, heirs, representatives, administrators and assigns, and to the extent permitted by law, I hereby forever waive, discharge and release any and all liability, claims, demands, causes of action, suits and rights of whatever kind or nature, either in law or in equity, I or my child, or anyone else on my or my child's behalf, might have against MAM or its officers, directors, agents, representatives, employees, volunteers, successors and assigns (collectively, the "MAM Affiliated Persons"). Further, I agree that I will not, nor will I allow anyone else acting on my or my child's behalf to, bring or maintain any lawsuit or other action against MAM or any MAM Affiliated Person for any claim that I or my child might have arising out of my child's participation in any activities sponsored by, sanctioned by or approved by MAM or any MAM Affiliated Person. For the purpose of implementing a full and complete release, I understand and agree that this waiver is intended to include all claims, if any, which I or my child may have and which neither I nor my child now know or suspect to exist in my or my child's favor against MAM and this waiver extinguishes those claims.

I understand and acknowledge that this Permission, Waiver and Release discharges MAM and any MAM Affiliated Person from any liability or claim that I or my child may have against MAM or any MAM Affiliated Person with respect to any bodily injury, illness, death, or property damage that may result from my child's participation as a volunteer for MAM, whether or not caused by the negligence, gross negligence, or intentional conduct of MAM or any MAM Affiliated Person. I also understand that, except as otherwise agreed to by MAM in writing, neither MAM nor any MAM Affiliated Person is responsible for or obligated to provide financial assistance to me or my child or to anyone else, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone #

**Media Release (Optional)**

I hereby grant to Memorial Assistance Ministries ("MAM") permission to display photographs or other likeness of my child \_\_\_\_\_ on the MAM bulletin board or in MAM publications. Photos may also be used for media spots/interviews and online marketing including the MAM website and MAM Facebook page. This includes any photographs or videos in which he/she may be included as a group member or as background. I understand that neither I nor my child will receive compensation of any kind and that any such photograph or video or other likeness.

\_\_\_\_\_

# STUDENT VOLUNTEER APPLICATION



<b>For office use:</b> Application Received: ___/___/___ Meeting/Tour: ___/___/___ Database Entry: ___/___/___ Dept. Coordinator Contact: _____ Starting Date: ___/___/___ Department: _____ Assignment: _____ VIA #: _____
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***We invite students 16 years and up to volunteer in our Donation Center and Resale Store. Any student under the age of 16 years must serve with a parent or guardian present at all times.***

*PARENT MUST COMPLETE IF STUDENT IS UNDER 16:* Application Date: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date of Birth (MM/DD/YY): \_\_\_/\_\_\_/\_\_\_

Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone Number

What grade are you currently in? \_\_\_\_\_ School Name: \_\_\_\_\_

How did you hear about MAM? (Please select all that apply)

- Church: \_\_\_\_\_
- Family/Friend/Current MAM Volunteer: \_\_\_\_\_
- Online Source (MAM Website/Volunteer Match/Volunteer Houston, etc.)
- School: \_\_\_\_\_
- Other: \_\_\_\_\_

When are you available to serve? \_\_\_ Morning 10am to 2pm \_\_\_ Afternoon 2 to 6pm

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday

**Areas of Interest (check all that apply):**

**DONATION CENTER**  Sorting  Pricing Donations  Organizing Items  Moving Items

**RESALE STORE**  Stocking Shelves  Cashier  Floor Assistance  Boutique

## **DONATION CENTER AND RESALE STORE POLICIES/PROCEDURES**

- Come prepared to work! Our volunteers are always prepared to be busy!
- Please follow your school district dress code when reporting for your volunteer shift.
- Close toe shoes must be worn in the donation center.
- Wear your name badge while volunteering.
- Sign In and Out at the designated station.
- Volunteers can only purchase items from the resale store after or before their assigned shift.
- Volunteers may not price any item they are purchasing.
- Always ask a staff member for help or instructions if you are unsure.
- Practice safety procedures on the sales floor and in the donation center.
- Be friendly and considerate of our clients, customer, staff members and other volunteers.
- We count on you! Always call ahead of time if you are not going to be able to come, need to switch your shift or will be late.

### **Volunteer Agreement – Must be signed by every volunteer before your first day of service.**

I understand and agree that I will abide by these policies and procedures at all times while I am engaged in volunteer services for MAM. In addition, I acknowledge that my services for MAM are purely voluntary and neither MAM nor I intend to create any employment, consultant or independent contractor relationship now or at any time in the future. I understand that I will not receive any pay, health and welfare benefits or other privileges of employment for performing volunteer services for MAM. Moreover, I understand that I am not eligible for workers' compensation benefits in case of any injury or illness that result from the volunteer work.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

### **Confidentiality Policy**

I hereby agree that I will hold confidential at all times all communications, observations and information made by, between or about clients of Memorial Assistance Ministries ("MAM"). This includes, but is not limited to, all client service and administrative records and computer records, including any and all logs and/or records resulting from telephone contacts or any other work product of staff or volunteers related to recipients of service. In addition, I agree that I will not, at any time, directly or indirectly divulge, disclose, or communicate to any person, firm, or corporation any confidential information concerning any matters affecting or relating to the business of MAM, including, without limitation, the names of any of its other volunteers or any other information concerning MAM's manner of operation, its plans or any of its processes. Information is deemed "confidential" if it is not readily known and available to the general public. I hereby agree that I am bound by this confidentiality agreement both during and upon leaving my services as a volunteer for MAM and there ever after. I agree to the above confidentiality policy.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date

**Bring this application and the Parental Consent form with you to your meeting at MAM. Every volunteer participating must submit signed and completed forms prior to starting their first day.**