



2014 VOLUNTEER APPLICATION

First Name _____ Last Name _____

Address _____ City _____ Zip _____

Phone number _____ Birthday: _____

Month Day

Email: _____ Add me to the MAM e-newsletter list: _____ Yes ___ No

Application Date: _____

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

- Church: (please list church you attend) _____
Family/Friend/Current MAM Volunteer
Online Source (MAM Website/Volunteer Match/Volunteer Houston, etc.)
School: (please list if currently in school) _____
Other: (please list) _____

Previous volunteer experience: _____

What do you hope to accomplish as a volunteer at MAM? _____

Church you attend, if any? _____

Does your job have a volunteer matching (grant) program? ___ Yes ___ No

Who is your current/past employer? Retired? _____

What languages do you speak other than English? _____

In case of emergency contact: _____

Name Relationship Phone Number

Please list any allergies, medical conditions or handicaps of which we should be aware: _____

Skills, talents or hobbies: Computer support, Receptionist, Arts and crafts, Job Counseling, Handyman, Writing, Bookkeeping/accounting, Event Management, Graphic Design, Retail Sales. Availability: Day(s) of the week, Time of day, Other. General areas of interest: Resale, Emergency (Client) Services, English School, Administration, Facility Maintenance, Fundraising.

Waiver and Release of Liability

I understand that on account of my participation as a volunteer for Memorial Assistance Ministries (“MAM”), I may be exposed to some foreseen and unforeseen risks. I knowingly accept such risks and, fully understanding such risks, nonetheless wish to participate as a volunteer for MAM. Therefore, on my own behalf and on behalf of my 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 anyone else on my 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 behalf to, bring or maintain any lawsuit or other action against MAM or any MAM Affiliated Person for any claim that I might have arising out of my 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 may have and which I do not now know or suspect to exist in my favor against MAM and this waiver extinguishes those claims.

I understand and acknowledge that this Waiver and Release of Liability discharges MAM and any MAM Affiliated Person from any liability or claim that I 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 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 to anyone else, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

I hereby warrant that I am of full age and have the right to contract my own name. I have read the above Waiver and Release of Liability prior to its execution and I voluntarily bind myself to its terms.

Signature of volunteer

Date

Print Name

Signature of Witness

Date

MAM Mission, Vision & Values

Mission

To assure that families have the means to meet their basic needs.

Vision

To carry out our mission, we

Assist families facing financial crisis to avoid homelessness

Offer programs enabling long-term, financial self-sufficiency

Assure children an improved school experience

Facilitate client access to other support networks

Enhance MAM’s value to its member congregations and the community

Values

As responsible stewards, we are

Grounded in faith

Offering hope

Preserving dignity

Open to all

As a Memorial Assistance Ministries (“MAM”) volunteer, I support this mission statement and agree to abide by all policies and procedures of MAM in this endeavor. Accordingly, 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

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

Date

Media Release

I hereby grant to Memorial Assistance Ministries ("MAM") permission to publish photographs and/or video of me or otherwise use my likeness for MAM materials. Photos/video may be used for MAM publications, media spots/interviews and online marketing including the MAM website and MAM Facebook page. This includes any photographs or video in which I may be included as a group member or as background. I understand that I will not receive compensation of any kind and that any such photograph or video or other likeness of me may be reproduced by any means currently existing or developed in the future. I hereby warrant that I am of full age and have the right to contract my own name. I have read the above authorization prior to its execution and I voluntarily bind myself to its terms.

Signature

Date

Resale Store Acknowledgement/Agreement

I hereby acknowledge that I fully understand the Resale Store Policies and Procedures and further understand that if I do not comply with such policies and procedures, my services as a volunteer for Memorial Assistance Ministries ("MAM") is subject to immediate termination at the discretion of MAM's staff.

Signature

Date