



CRISIS ASSISTANCE CENTER
A Source of HOPE in Montgomery County

Thank You for offering to become a valued volunteer for The Crisis Assistance Center.

NAME _____

ADDRESS _____

CITY

ZIP

PREFERRED PHONE CONTACT _____

ALTERNATE PHONE CONTACT _____

E-MAIL ADDRESS _____

SPECIAL SKILLS _____

CURRENT STATUS: Employed Retired Student Other _____

REASON FOR VOLUNTEERING: Workforce CSR ID General

DAYS AVAILABLE:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY

TIMES AVAILABLE: 8:30 – 11:30 1:00 – 4:00 Other _____

Name of Your Organization/Group, if applicable: _____

Is your Organization interested in Group Volunteer Projects? Yes! Maybe Sorry, No.

Have you ever been convicted for violation of any laws (traffic or otherwise)? Yes No

If "Yes," please explain: _____

In addition, I certify the information on this completed Volunteer Form is true and correct and has been given voluntarily. I understand this information may be disclosed to any party with legal and proper interest; and I hereby release the Agency from any liability whatsoever for supplying such information. I understand that I will not be paid for my service as a Volunteer or entitled to an exchange of goods or services. I also understand the information I have provided may be verified by Crisis Assistance Center by various means, including a background check for criminal convictions. My signature hereto authorizes Crisis Assistance Center to conduct such a check.

Printed Name: _____ **Telephone:** _____

Signature: _____ **Date:** _____

Signature of Parent or Legal Guardian: _____ **Date:** _____

RELEASE FORM AND INDEMNITY AGREEMENT

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT/RELEASE

Name of Volunteer/Participant _____

Address _____ City _____

State _____ Zip _____ Email _____

Phone (____) _____

Emergency Contact: _____ Phone: (____) _____

I understand that in the event of an emergency where medical aid/treatment is required due to illness or injury while volunteering/working/participating at Crisis Assistance Center, CAC will do the following:

- 1. Call 911
- 2. Attempt to contact emergency contact(s) listed above
- 3. Volunteer assumes liability and expenses for medical injuries

PHOTO/VIDEO RELEASE

I DO DO NOT consent to and authorize the use of reproduction of any and all still and video photography of you/your child/ward for future publication, newsletters, presentations, social media or any other use for the benefit of Crisis Assistance Center.

LIABILITY RELEASE

I am fully aware that there is an element of risk of injury, damage or other misfortune associated with activities while working/volunteering/participating on and around the premises and off premise activities associated with traveling in a vehicle. I accept the risk of all such activities, and am aware that such activities are for the maintenance of premises, supporting various programs and undertake them voluntarily. **RELEASE AND INDEMNITY AGREEMENT** I hereby RELEASE, WAIVE AND DISCHARGE, Crisis Assistance Center, a Texas non-profit 501c3 corporation, its officers, employees, volunteers and board, from ALL liability, and any and all possible causes of action in law or in equity that may arise from injury, including but not limited to injury, damage or other misfortune resulting from any and all volunteering/work/participation performed at Crisis Assistance Center or at other locations on behalf of CAC.

VOLUNTEER CONFIDENTIALITY AGREEMENT

As a volunteer for CAC I recognize all paperwork and computer records, conversations with other employees and clients, client names, and whether or not assistance is provided is to remain completely **confidential**. Clients must have the confidence that whatever they share with us remains confidential. Sharing confidential information with any unauthorized person or organization outside of CAC is grounds for immediate termination. If there is any doubt about discussing anything client-related with an outside party, I will refer the matter to my Supervisor or the Executive Director beforehand.

I have read and understand the above release and indemnity agreement.

Signature: _____ Date: ____/____/____

If under 18 Name of Legal Guardian : _____

Signature _____ Date: ____/____/____

(if applicant is under 18 years of age)

BACKGROUND CHECK AUTHORIZATION FORM

This form is to be completed by the individual whose background is to be checked.

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

Other name(s) that may have been used in the past: _____

Driver's License Number: _____ State: _____

Gender: _____ Date of Birth: _____

Social Security Number: _____

Phone: _____ E-mail: _____

Place of Birth

City: _____ State: _____ County: _____

.....

Current Address

Street: _____ City: _____

Zip: _____ State: _____

.....

Do you have any criminal convictions? YES NO

If YES, briefly explain the nature _____

State and county where the conviction occurred _____ Date _____

I hereby give permission to Crisis Assistance Center to run a background check on the information provided in this form.

Signature _____

Date _____

RULES AND REGULATIONS

1. Please remain professional all times while on the property.
2. Swearing and insubordination is not allowed.
3. You must be free of drugs and alcohol. If we have reasonable suspicion that you are not, you will be asked to leave.
4. Alcohol and drugs are not allowed on the property, this includes your personal vehicle.
5. You must present yourself in appropriate clothing and in personally clean hygienic condition, as much as possible.
6. Tennis shoes or other closed toe shoes are required to work. No flip flops or open toe shoes allowed.
7. Appropriate dress required at all times. No sagging, half-shirts or short shorts allowed. Undergarments shall not be seen.
8. Racial, ethical or sexual harassment of any person is prohibited. This is harassment free workplace.
9. Sleeping or inattentiveness is prohibited.
10. Inappropriate or indecent conduct that endangers the welfare of others or property is prohibited.
11. Smoking is only allowed outside in designated area. Chewing tobacco will not be allowed inside the building.
12. Weapons and firearms are not allowed on the property at any time for any reason.
13. No outside friends allowed during working hours, unless they are also an approved volunteer.
14. Breaks are as follows:
 - a. 4-6 hours (1) 15 minute break
 - b. 7-9 hours (2) 15 minute breaks or (1) 30 minute lunch break
15. Breaks must be taken in break room or off of the property.
16. No personal phone calls or texting while completing community hours.
17. Food and drinks are only allowed in the break room.
18. Minors are not allowed off the property without permission from management or without a completed parent consent form on file.
19. Loitering in front of the building is not allowed.
20. The area behind the cash register and the cash register itself is off limits without permission from management.
21. All merchandise must be paid for in full before removing from Odds & Ends Resale Store.

I have read and agree to the Crisis Assistance Center and Odds & Ends Resale Store Rules and Regulations. I understand that if I am found in violation of the rules I will be asked to leave. I also understand that if asked to leave I will forfeit all community services hours worked that day.

Signature

Date