



Volunteer Application

Thank you for your interest in volunteering at Mission Central!

Our volunteers provide life-changing services for their neighbors in the Hurst-Euless-Bedford community. To make your volunteer experience fun and fulfilling, we would like to gather some information about you. By answering these questions, we'll learn a bit more about you, so that we can help you find a volunteer opportunity that best matches your interests and time constraints. Please fill out this application and return it via one of the methods listed on the back of the form. We'll be in touch soon!

Contact Information

Name	
Street Address	
City, State, Zip	
Primary Phone	
Alternate Phone	
E-Mail Address	
How do you prefer to be contacted?	<input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Availability

What days/times are you available to volunteer?

How often are you interested in volunteering?

Occasionally Once a Month Once a Week Several Times a Week

Interests

Do you already know where you would like to volunteer? If yes, please check one of the opportunities below:

Food Pantry

- Intake Assistant
- Sorting Food
- Receptionist
- Sorting/Pricing Donations
- Tutoring (Ages K-8)
- Mobile Food Pantry
- Other (please explain) _____
- Food Distribution
- Driver
- Cleaning Crew
- Retail Floor
- Village Garden
- Lobby Host

Administrative Offices

Coat of Many Colors Resale Shop

Village Library

Special Projects

If you're not sure where you'd like to volunteer, the following information will help us guide you to the right opportunity. If you've already decided where you'd like to volunteer, we'd still love for you to share this information. It will help us understand how to make your experience at Mission Central a great one.

Why are you interested in volunteering?

- Want to Make a Difference Want to Make New Friends/Socialize It's fun!
 Want to Build New Skills Want to Build a Sense of Community

What type of work do you do (or have done)? What company do you work for (or worked for previously)?

What special skills do you have? Any special hobbies or sports? Do you speak a language other than English?

Tell us about any previous volunteer work. Are you affiliated with any local churches or civic groups?

Do you currently utilize any of Mission Central's services? Yes No

Please list two personal references who are not family members. (Name, Email address, and Phone)

Emergency Contact Information

Name

Relationship

Primary Phone

Alternate Phone

Background Information

Have you ever plead guilty to, been convicted of, or presently have pending criminal charges of a crime or misdemeanor other than a minor traffic violation?

___ Yes ___ No

If yes, please explain.

**Failure to report convictions could result in dismissal from Mission Central's volunteer program.*

Have you ever received child safety training? If so, where and when? _____

Agreement and Signature

By submitting this application, I affirm that the facts set forth in the Volunteer Application are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If under the age of 18, parent/guardian permission is required.

It is understood that I will not bring any action, or cause any action to be brought against, Mission Central should any personal injury or property damage occur to me while volunteering at any Mission Central sponsored activity.

If I am injured while performing my duties as a volunteer for Mission Central, I understand that I am expected to notify the Director of Volunteer and Community Relations or Executive Director as soon as reasonably possible but no later than 30 days after the accident/injury. The Director of Volunteer and Community Relations or Executive Director will assist me with submitting a claim to the insurance company which provides Mission Central with accident coverage for volunteers. I understand that my personal medical insurance coverage is my primary coverage if I am injured while performing my duties as a volunteer.

By completing this application, I consent to Mission Central's use of any video, photographs, slides, audio, or any video or audio reproduction in which I may appear. I understand that these materials are being used for promotion of the work of Mission Central whether in print or online. I release Mission Central from any liability connected with the use of the picture or voice recording as part of any promotional, recruitment, or fundraising program.

I understand that once I have been assigned to a volunteer role, I will be asked to complete a Background Verification Release Form. This form and the related background check must be completed before I may begin volunteering. This form will require me to provide my social security number, driver's license number, and date of birth. The background report is kept confidential in a secure location. The report will not be kept more than 30 days. I will not be allowed to have a copy of this report, but understand I may initiate a grievance process with the Mission Central service provider if I believe the report contains inaccurate information.

_____ Signature _____ Date _____

Name (printed)

Signature

Date

Date of Birth: ___/___/___

Parent/Guardian Signature (if under the age of 18) _____

Thank you again for your interest in Mission Central!

Please return this Volunteer Profile to:

Mission Central

Attn: Director of Volunteer and Community Relations

740 E Pipeline Rd

Hurst, TX 76053

Fax: 817-595-9462

E-mail: catherine.hollis@missioncentraltx.org

It is the policy of Mission Central to afford equal opportunity to all individuals regardless of race, color, religion, age, gender, pregnancy, national origin, marital status, disability, sexual orientation, political affiliation, veteran status or other legally protected status. This includes all areas of service.