



VOLUNTEER INFORMATION FORM

Please print legibly

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Email Address: _____
(Email address will be used for direct communication and will be added to our eNewsletter list. GraceWorks will not sell or share email addresses.)

Church Home or School/Group Affiliation: _____

Telephone: Cell _____ Home _____

Age Group: 18 & Under 19-25 26-35 36-49 50-65 66-79 80 & Over

Other family members volunteering with you:

Name _____ Age Group _____ Name _____ Age Group _____

Name _____ Age Group _____ Name _____ Age Group _____

Emergency Contact: _____ Phone #: _____

How did you hear about GraceWorks? _____

Why are you interested in volunteering with GraceWorks? _____

For required community service: # hours _____ due date _____ reason _____

Are there any physical limitations you have which we need to know about? _____

- Areas of Service:
- | | | |
|---|---|--|
| <input type="checkbox"/> Meeting with clients | <input type="checkbox"/> Clerical | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Thrift Store |
| <input type="checkbox"/> Advisory Council | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Senior Transportation |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Fundraising events | <input type="checkbox"/> Community Service Fairs |

- Availability:
- Weekdays (daytime) Evenings/weekends only Flexible
- OR
- I am generally available in the morning or afternoon of the following days only:
- Monday Tuesday Wednesday Thursday Friday Saturday

CONFIDENTIALITY AGREEMENT (please read and sign below)

I understand that as a volunteer of GraceWorks Ministries, Inc., I am required to protect each client's right to privacy with respect to information sought or received and services provided. I understand that client records are strictly confidential.

I agree not to disclose any information about people who are receiving services or other assistance from GraceWorks or who are otherwise involved in my volunteer service. If I am granted access to the GraceWorks online computer system in the course of my work, I understand that I am to strictly maintain the privacy of all clients by not divulging any personal information to anyone other than GraceWorks personnel.

As a GraceWorks volunteer, I understand and agree to the "Confidentiality Policy" as described above. I also understand that violating this policy may result in possible dismissal from my volunteer position with GraceWorks.

Signature: _____

Printed Name: _____ Date: _____