



Bethesda House

**VOLUNTEER APPLICATION**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

<b>APPLICANT INFORMATION</b>				<i>Please Print Clear</i>
Last Name:	First:	M.I.	Nickname:	
Street Address:				Apt #:
City:		State:	Zip:	
Cell Phone:		Email:		
DOB:	SSN: xxx - ____ - ____	Driver's License #:	State Issued:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Spouse's Name:		
Have you ever been convicted of any criminal offense? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please explain:				
Have you ever been accused of or charged with domestic violence and/or being a child abuser? <input type="checkbox"/> Y <input type="checkbox"/> N If Yes, please explain:				
Are you Bilingual? <input type="checkbox"/> Y <input type="checkbox"/> N		Church Affiliation:		
Degree:				

<b>EMERGENCY CONTACT</b>		
Name 1:	Relationship:	Phone #:
Name 2:	Relationship:	Phone #:

<b>PHOTO RELEASE CONSENT:</b>	
<p>The undersigned hereby <b>grants</b> Bethesda House permission to take or have taken still and moving photographs and films, including television pictures, and consents and authorizes Bethesda House, its advertising agencies, news media, and any other persons interested in Bethesda House and its work to use and reproduce the photographs, films, or pictures and to circulate and publicize the same by all means, including but not limited to newspapers, television media, brochures, pamphlets, instructional materials, books, and clinical mailings.</p>	
_____ Volunteer Signature	_____ Date
_____ Parent/Guardian Signature (if under 18)	_____ Date

<b>VOLUNTEER CONFIDENTIALITY AGREEMENT:</b>	
<p>All information provided by a client or staff member/volunteer to any staff member or volunteer is considered to be confidential and is subject to the terms of the House's confidentiality policy. Confidentiality is defined as the assurance that unwarranted access to information regarding a client shall be protected from improper disclosure. I understand that any violation of this, shall be considered a breach of faith. I understand that any violation of this policy is grounds for termination of my volunteer relationship with Bethesda House.</p>	
_____ Volunteer Signature	_____ Date

Parent/Guardian Signature (if under 18)

Date

**RELEASE AND HOLD HARMLESS AGREEMENT:**

I, \_\_\_\_\_, understand that my participation and/or involvement in **Bethesda House** carries with it the potential for certain risks, some of which may not be reasonably foreseeable. I further acknowledge that these risks could cause me, or others around me, harm, including, but not limited to, bodily injury, damage to property, or emotional distress. I am a willing participant in Bethesda House.

By signing this agreement, I agree to release, indemnify, and hold harmless Bethesda House, as well as all **its** employees, agents, representatives, successors, etc. from all losses, claims, theft, demands, liabilities, causes of action, or expenses, known or unknown, arising out of my volunteering at Bethesda House

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date

**PLEASE READ CAREFULLY BEFORE SIGNING:**

I hereby certify that the information provided on this application is accurate to the best of my knowledge and subject to verification by Bethesda House. I authorize the schools, persons, previous employers, agencies, and other organizations named in this application to provide Bethesda House (its authorized employees, agents, or representatives) with any relevant information that may be required to arrive at a volunteer placement decision and hereby release any such schools, persons, previous employers, agencies, and other organizations from any and all liability which they might otherwise incur as a result. I understand that any misrepresentation or omission of a material fact on my application may be justification for refusal of placement.

I hereby give my permission to Bethesda House to obtain any information relating to my criminal history record. I understand this information will be used to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, they may repeat this criminal history check at any time.

In the event I volunteer, I understand that all volunteers are subject to dismissal at the discretion of Bethesda House. If, in the event I choose to cease volunteering, I am free to do so at any time.

I also understand that if selected to volunteer, any misrepresentation I have made by completing this application shall be considered as sufficient cause for my dismissal without advance notice.

I authorize Bethesda House to supply my volunteer record, in whole or in part, and in confidence, to any prospective employer, government agency, or other party with a legal and proper interest.

In the event of my selection, I will comply with all of the rules and regulations as set forth by Bethesda House.

I understand that the completion of this form does not guarantee my status as a volunteer. I must meet all stated conditions required of the position for which I am asking to be placed.

**I have read the above statements and accept the same as a condition of my placement with Bethesda House.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if under 18)

\_\_\_\_\_  
Date