THE CENTER FOR VIOLENCE PREVENTION

P.O. Box 6279, Pearl, MS 39288-6279

VOLUNTEER APPLICATION

			~~~		Date
Name	Middle	Last	_SSN	A.A. L. AACCOOM/C-SCHOOL STATE	DOB
Address	State	. Zin		_ Home Flione	
E-mail Address (optional)					
Employer or School				Work Phone	A STATE OF THE STA
Address		City		State	Zip
Spouse	Middle	Last	_SSN		DOB
Emplover				Work Phone	
Employer Address		City	-	State	Zip
•					
Nearest relative not living In case of emergency					
Who referred you or how o	did vou hear a	about us?			SOLDSS STANDONS STAND
Have you ever served as a					
If yes, where?				When?	
What duties did you perfor	m?				de-side and all accounts and account and account accou
LL DOUGHAYONG THE	(VO TEXABLE		·	· · · · · · · · · · · · · · · · · · ·	
Do you represent a club, organization, or church?  Yes  No If yes, name of the club, organization, or church					
If yes, name of the club, or	ganization, o	r church		220000000000000000000000000000000000000	
Please check the areas in	which you wo	ould like to he	lp:		
<ul><li>☐ Grounds Maintenance</li><li>☐ Building Maintenance</li><li>☐ Evening Child Care</li><li>I am available (Check all the contract of t</li></ul>	<b>П</b> Ме			☐ Clerical Functions ☐ Fundraising	□ Newsletter □ Web site
☐ Monday ☐ Tuesday ☐ AM Hours	☐ Wednes		rsday	☐ Friday ☐ Satur ☐ Anytime	rday □ Sunday
Do you have any limitations concerning scheduling or other accommodations? ☐ Yes ☐ No If yes, please explain					
		+ S- TV T- C- TOTAL HOLD FOR A FORWARD COMMON AND A COMMON HIP PROTECTION AND A COMMON			The second secon
It is understood that I am offering my services to The Center for Violence Prevention without compensation. I hereby give my permission for the Rankin County Sheriff's Department to perform a background check so that I may be eligible to become a volunteer.					
Applicant's Signature			<del></del>	Date	

## THE CENTER FOR VIOLENCE PREVENTION VOLUNTEER AGREEMENTS

## **CONFIDENTIALITY STATEMENT**

The nature of services provided by The Center for Violence Prevention requires information to be handled in a private, confidential manner. I hereby acknowledge my responsibility and liability to maintain the confidentiality of all matters relating to The Center for Violence Prevention. This includes, but is not limited to:

- 1. Client or family members' names, personal history or home addresses;
- 2. Discussing addresses or location of shelters;
- Divulging information obtained through counselors or records that may threaten the safety or security of The Center for Violence Prevention or the client or family members' utilizing these services.

I understand that breaching the confidentiality statement will result in immediate severance of my services with The Center for Violence Prevention. I understand that there is a Federal Confidentiality Discloser Act that carries with it fines for violation of confidentiality. Signature Social Security Number Date PERMISSION FOR BACKGROUND CHECK give permission, for The Center for Violence Prevention to conduct a background screening check with law enforcement agencies, the Child Abuse Central Registry, previous employers, and other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a volunteer with duties in the area of I further understand that this information will only be used in regard to the attached application. Signature Date of Birth Witness Signature Date **INDEMNITY AGREEMENT** I hereby release The Center for Violence Prevention and its agents from any and all claims and liabilities, including but not limited to personal injury and/or property loss/damage. During my tenure as a volunteer at The Center for Violence Prevention, I hereby agree to indemnify The Center for Violence Prevention and its agents against any claim by a third party against it. Signature Date Please Print Name, Address, and Phone Number Name: Phone Number Address: