

OFFICE USE ONLY

FIRST CONTACT DATE _____

ORIENTATION DATE _____

DATE ACTIVE _____

JOB TITLE _____

DAY _____ AM PM

DAY _____ AM PM

**How did you hear about
Crisis Control Ministry?**

friend neighbor newspaper radio church

internet other _____

LICENSE NUMBER _____

STATE : _____

CRISIS CONTROL MINISTRY

PERSONAL INFORMATION

Have you ever been a CCM client? Yes No **If yes, when?** _____

Would you like to be included in our volunteer directory? Yes No

Would you like to receive CCM's weekly E-mail newsletter? Yes No

Mr. Ms. Mrs. Dr. Name _____

Social Security or I.T.I.N number (optional) _____

Address _____

City _____ State _____ Zip _____ - _____

Phone (h) _____ (E-mail) _____ (work) _____ (cell) _____

Birth Date (please include year) _____ Highest Level Completed in School _____

Present (specify if retired) Occupation _____ Employer _____

Emergency Information Name _____ Phone _____ Relation _____

Spouse or significant other _____ Children's names _____

Preferred Hospital & Physician/Phone No. _____

Any medical condition(s), medications, or allergies we should know about _____

Veteran? Yes No Second language? Yes (_____) No

Computer Skills? Yes No Some

Church Affiliation//Membership _____ **City** _____

ABOUT YOU

(Special interests, talents, hobbies, why you want to volunteer)

VOLUNTEER OPPORTUNITIES
(check all that apply)

<input type="checkbox"/> Pharmacy Technician Assistant	<input type="checkbox"/> Internship	<input type="checkbox"/> Pharmacy Inventory Clerk
<input type="checkbox"/> Licensed Pharmacist	<input type="checkbox"/> Pharmacy Client Assistant	<input type="checkbox"/> Office or Data Entry Assistant
<input type="checkbox"/> Pharmacy Technician	<input type="checkbox"/> Computer Clerk	<input type="checkbox"/> Telephone Receptionist
<input type="checkbox"/> File Clerk	<input type="checkbox"/> Pharmacy Assistant	<input type="checkbox"/> Clinical Advisory Council

TIME COMMITMENT AND AVAILABILITY

WINSTON-SALEM				
<input type="checkbox"/> MONDAY	<input type="checkbox"/> TUESDAY	<input type="checkbox"/> WEDNESDAY	<input type="checkbox"/> THURSDAY	<input type="checkbox"/> FRIDAY
<input type="checkbox"/> 9:00 – 12:00	<input type="checkbox"/> 9:00 – 12:00	<input type="checkbox"/> 9:00 – 12:00	<input type="checkbox"/> 9:00 – 12:00	<input type="checkbox"/> 9:00 – 12:00
<input type="checkbox"/> 1:00 – 4:00	<input type="checkbox"/> 1:00 – 4:00	<input type="checkbox"/> 1:00 – 4:00	<input type="checkbox"/> 1:00 – 4:00	<input type="checkbox"/> 1:00 – 4:00
	<input type="checkbox"/> 5:00 – 7:00			

REFERENCES

name	phone number	email address
name	phone number	email address
name	phone number	email address

Volunteer Signature _____	Date _____
Please return this form to:	
Vicki Jones, CAVNC Director of Community and Volunteer Relations Crisis Control Ministry 200 East Tenth Street Winston-Salem, NC 27101-1512	
volunteer@crisiscontrol.org	www.crisiscontrol.org

CRISIS CONTROL MINISTRY

CRISIS CONTROL MINISTRY AND VOLUNTEER AGREEMENT

The intent of this agreement is to assure the volunteers that Crisis Control Ministry has a deep appreciation of their services. Crisis Control Ministry commits to do the very best it can to make the volunteer experience a productive and rewarding one.

Crisis Control Ministry gratefully accepts the services of the volunteer, and we commit to the following:

- ✓ to treat volunteers as co-workers,
- ✓ to provide an acceptable job assignment, information, training, and assistance so that volunteers are able to feel confident in their position,
- ✓ to ensure that the volunteer receives attentive supervision, performance counseling and reviews, and appropriate recognition,
- ✓ to respect the skills, dignity, and individual needs of the volunteer and to do our best to adjust to any individual requirements,
- ✓ to be receptive to any comments from the volunteer regarding ways in which we might better accomplish our respective tasks,
- ✓ to treat the volunteer as an equal partner with the ministry and staff, working together to complete the ministry's mission.

I agree to serve as a volunteer and commit to the following: **Please initial each box.**

- to work at least two shifts per month and will serve as a volunteer for at least 6 months,
- to be dependable and perform my volunteer duties to the best of my ability,
- to adhere to policies and procedures, including record keeping and confidentiality of CCM, and client information,
- to meet time and duty commitments, and if there is a need to be absent, to **provide adequate notice to the Client Services Department or to the Pharmacy Staff**, so that alternate arrangements can be made, (Three absences in a six month period without notification will terminate my volunteer position.)
- to freely share information, questions, or concerns with my direct supervisor, Director of Community and Volunteer Relations, Director of Client Services, or the Assistant Director of Client and Human Services,
- to be a liaison between the ministry and the community,
- to not pursue personal relationships with any clients outside of the context of my volunteer job, If I find myself in the situation of working with a client with whom I already have a relationship, I will bring this fact to the attention of my supervisor, and together we will decide appropriate action, if any. I will treat all clients with the same needs in a similar manner; I will neither show favoritism nor avoid working with clients I find to be difficult. If I find that I have difficulty maintaining such boundaries, I will discuss the situation with my supervisor.
- there will be no monetary compensation, services, or assistance for any volunteer work assignment.
- I understand that the resources of Crisis Control Ministry, Inc. are to be used solely to accomplish the mission of the ministry. I understand these resources are not to be used, or removed from the premises, for my personal or the personal use of others. The definition of the term "resources" includes, but is not limited to, such items as computers, office supplies, files, furniture, food supplies, pharmacy supplies or medications.

I certify that I have read, understand, and agree to abide by the statements above.

_____ **DATE** _____

VOLUNTEER SIGNATURE

_____ **DATE** _____

DIRECTOR OF COMMUNITY AND VOLUNTEER RELATIONS

CRISIS CONTROL MINISTRY

VOLUNTEER CONFIDENTIALITY AGREEMENT

Please initial each box.

- I promise to hold in confidence all information regarding clients of Crisis Control Ministry, Inc. I will not violate the confidential relationships between the ministry, its clientele, staff, and volunteers.
- I will not remove from the office any written records or copies thereof. Any written records I may be responsible for producing shall be and remain part of the ministry files.
- I accept full responsibility for maintaining the confidential and private nature of all records and information. I further understand that I can discuss cases assigned to me only with designated staff or volunteers.
- Any breach of confidentiality will result in automatic dismissal of the volunteer.

I certify that I have read, understand, and agree to abide by the statements above.

_____ DATE _____

VOLUNTEER SIGNATURE

_____ DATE _____

DIRECTOR OF COMMUNITY AND VOLUNTEER RELATIONS OR EAST-NORTH FORSYTH MANAGER

CRISIS CONTROL MINISTRY

I, _____ understand that by agreeing to volunteer at Crisis Control Ministry, Inc. that I can not receive any type of services or assistance from Crisis Control Ministry and will abide by the rules and regulations stated in the Ministry and Volunteer Agreement and the Confidentiality Agreement.

_____ DATE _____

VOLUNTEER SIGNATURE

_____ DATE _____

DIRECTOR OF COMMUNITY AND VOLUNTEER RELATIONS OR EAST-NORTH FORSYTH MANAGER