

Office Use Only

First Contact Date: _____ Orientation Date: _____
Date Active: _____ Volunteer Position: _____
Volunteer Day(s): _____ AM PM

CRISIS CONTROL MINISTRY

PERSONAL INFORMATION

In which office would you like to volunteer? WINSTON-SALEM KERNERSVILLE
Have you ever been a CCM client? Yes No If yes, when? _____
How did you hear about Crisis Control Ministry? friend neighbor newspaper radio TV
church internet other _____

Mr. Ms. Mrs. Miss Name _____

Address _____

City _____ State _____ Zip _____ - _____

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

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

Present Occupation (specify if retired) _____ Employer _____

Volunteer Experience _____

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 _____

Please write a paragraph that explains why you would like to be a volunteer at CCM.

VOLUNTEER OPPORTUNITIES
(check all that apply)

<input type="checkbox"/> Interviewer	Requires a minimum 6 month commitment		<input type="checkbox"/> Food Room Assistant
<input type="checkbox"/> Bulk Mail Assistant	<input type="checkbox"/> Internship	<input type="checkbox"/> Office or Data Entry Assistant	
<input type="checkbox"/> Intake Receptionist (Kernersville only)	<input type="checkbox"/> Virtual Prayer Partner	<input type="checkbox"/> Congregational Liaison	
<input type="checkbox"/> Telephone Receptionist	<input type="checkbox"/> Computer Clerk	<input type="checkbox"/> Pharmacist	
<input type="checkbox"/> File Clerk	<input type="checkbox"/> Pharmacy Assistant	<input type="checkbox"/> Volunteer Coordinator	
Special Projects			
<input type="checkbox"/> Help with special events	<input type="checkbox"/> Fundraising projects	<input type="checkbox"/> Community Ambassador	
<input type="checkbox"/> Hope du Jour	<input type="checkbox"/> CROP Walk	<input type="checkbox"/> WEE Care! Cereal Drive	
<input type="checkbox"/> Volunteer Appreciation Event	<input type="checkbox"/> Serve on a committee	<input type="checkbox"/> Motor Pool Driver	

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
KERNERSVILLE				
<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	

PROFESSIONAL REFERENCES (Volunteer or Employment)

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

<p>Within the past ten (10) years, have you been convicted of a felony? <input type="checkbox"/> yes <input type="checkbox"/> no</p> <p>If yes, please explain _____</p> <p align="center">Criminal convictions will not automatically disqualify an applicant from a volunteer position.</p> <p>Crisis Control Ministry reserves the right to perform background checks.</p> <p>I certify that all the information on this application is complete and accurate to the best of my knowledge. I understand that any falsification, misrepresentation, or omission of any information may result in disqualification from consideration for serving as a volunteer, or, if a current volunteer, disciplinary action, up to and including immediate dismissal.</p> <p>Volunteer Signature _____ Date _____</p> <p>Please return this form to:</p> <p align="center">Vicki Jones, CAVNC Director of Community and Volunteer Relations Crisis Control Ministry 200 East Tenth Street Winston-Salem, NC 27101-1512</p> <p>volunteer@crisiscontrol.org www.crisiscontrol.org</p>

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 1 shift per week 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 Services, or the Kernersville Director.
- 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 use 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.

VOLUNTEER SIGNATURE

DATE

CRISIS CONTROL MINISTRY

VOLUNTEER CONFIDENTIALITY AGREEMENT

Please initial each box.

- I promise to hold in confidence all information regarding clients and donors 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

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