

# The Outreach Center

[www.theoutreachcenter.org](http://www.theoutreachcenter.org)



P.O. Box 1003 • Morganton, NC 28680 • 828.439.8300

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_ Date of Birth \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Church Affiliation \_\_\_\_\_

Special professional training, skills, hobbies, awards: \_\_\_\_\_

\_\_\_\_\_

Community affiliations (Clubs, Service Organizations, etc.):

\_\_\_\_\_

\_\_\_\_\_

Other Organizations that you volunteer for: \_\_\_\_\_

\_\_\_\_\_

Special Certification (CPR, Medical, etc.): \_\_\_\_\_

Do you have a valid driver's license: Yes \_\_\_\_\_ No \_\_\_\_\_

Have you ever been convicted of or pled guilty to any crime(s): Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe each in full: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any criminal charges pending against you regarding any crime(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe each in full: \_\_\_\_\_

\_\_\_\_\_

Have you ever been refused participation or terminated from any other volunteer programs? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Do you have physical or emotional limitations that would prevent you from performing any types of volunteer services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Emergency Contact 1: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact 2: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Signature \_\_\_\_\_

Parental / Guardian Signature (if Under 18)

\_\_\_\_\_

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## VOLUNTEER AGREEMENT/RELEASE

The Outreach Center

510 East Fleming Drive, Morganton, NC 28655

As a volunteer with The Outreach Center of Morganton, North Carolina, the lasting impression you make on those you serve reflects directly on all of us. Please be sure your words and deeds will help build our program and its reputation for quality.

I, \_\_\_\_\_, agree to perform the volunteer duties (referred to as "Activity") to which I am assigned to the best of my ability and in a professional manner. I understand that as a volunteer, authorized by The Outreach Center, acknowledge that there may be certain risks to this Activity. I hereby state and affirm that:

- 1 In consideration of being allowed to take part in this activity, I agree to release and hold harmless The Outreach Center, its officers, employees, and Board Members, from all liability for any harm or injury that I may incur as a result of participating in the Activity, excluding proven gross negligence, by The Outreach Center.
- 2 Medical Treatment. I do hereby release and forever discharge The Outreach Center from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Activity with The Outreach Center.
- 3 I understand that I may be subject to falls, slips, cuts and bruises, and may be at risk for this particular Activity.
- 4 Nature of the Activities. I understand that the Activity may include work that may be hazardous to me, including, but not limited to construction, loading and unloading, and transportation to and from worksites.
- 5 I hereby expressly and specifically release The Outreach Center from all liability for injury, illness, death or property damage resulting from the Activity.
- 6 Insurance. I understand that, except as otherwise agreed to by The Outreach Center in writing, The Outreach Center does not carry or maintain health, medical, or disability insurance coverage for any Volunteer.
- 7 Photographic Release. I do hereby grant and convey unto The Outreach Center all right, title, and interest in any and all photographic images and video or audio recordings made by The Outreach Center during the Volunteers Activity with The Outreach Center, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs of recordings.
- 8 The terms of this Agreement shall be binding on my heirs, executors, administrator and all members of my family.

Volunteer signature \_\_\_\_\_ Date \_\_\_\_\_

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

## The Outreach Center Volunteer Confidentiality Agreement Form

You are participating as a volunteer in a program to provide food, education and spiritual support to low-income families or individuals who express a need for services. This program includes collecting, updating, and entering confidential information about these individuals, as well as having knowledge that these individuals are receiving services. An important part of the program is respecting clients' privacy, and treating personal information that they voluntarily provide as confidential. Confidential information must not be disclosed to parties other than your supervisor or the Executive Director.

In signing this form, you are acknowledging your responsibilities to:

- Maintain privacy of personal information;
- Avoid discussing the personal information of individuals;
- Avoid informing anyone that you saw, hear, or know about an individual or family receiving services;
- Ensure that all sensitive data, whether processed manually or with computers, receives the same degree of protection;
- Follow procedures to log-off and secure information, not allowing it to be left unattended;
- Protect information from theft, fraud, misuse, loss, or unauthorized access or modification;
- Access or attempt to access only the data or resources specifically authorized;
- Protect against unauthorized disclosure or use, and protect information from casual inspection or unauthorized retrieval; and
- Report promptly to the supervisor or Executive Director any violations or breaches of security, or unusual processing results or observed irregularities with sensitive data.

Any questions about your responsibilities should be discussed with your supervisor.

To be completed by the volunteer:

I, \_\_\_\_\_, have read and understand my responsibilities to protect confidential information and will perform my duties accordingly.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date