



Volunteer Form

Tomball Emergency Assistance Ministry: 300 W. Main Street / Tomball, TX 77375
www.teamtomball.com / 281-255-6967 / http://teamtomball.com/volunteer

Volunteer

Group/School

Court-Ordered Community Service

You must be at least 16 years of age to volunteer unless accompanied by a parent. Parents are required to complete Parent/Guardian Permission Form for any participants under the age of 18. Information is confidential.

Today's Date: ____ / ____ / ____
Month day year

Applicant's Name: _____

Birthdate: ____ / ____ / ____
month day year

Please Print Clearly

Current Address: _____ City: _____ Zip: _____

Phone Number / Home: _____ Cell: _____ Work: _____

Email1: _____ Email2: _____

Parent/Guardian Information (for Minors) Name: _____ Relation: _____ Phone: _____

Emergency Contact Name: _____ Relation: _____ Phone: _____

Are you currently employed? Yes No Employer Name: _____

If retired, please list previous employer and position: _____

Spouse's Name: _____ Employer: _____

If you are volunteering with a Group or School, Name of the Organization: _____

Are you a member of any religious organization(s) and/or service organization(s)? Yes No

Religious Organization(s): _____

Service Organization(s): _____

Are you a student? Yes No School Name: _____

Have you ever volunteered at TEAM? Yes No

If so, when? _____

Day of the week you prefer to volunteer (Please circle)

T W TH F SAT

Resale Shop Hours of Operation: 10 am to 5 pm

Food Pantry/Assistance Ministry hours will vary

I can work a partial day

I can work all day

How often do you prefer to volunteer?

Daily

Monthly

Weekly

Special Projects

I certify that all the information provided above is true and correct to the best of my knowledge. Should any of this information change during my service with TEAM, I will submit updated information to the organization at my earliest opportunity. I am submitting this application on behalf of myself or my child/guardianship as designated above.

Signature: _____

(Volunteer or Parent/Guardian)

Tomball Emergency Assistance Ministries Volunteer Liability and Policy Agreement

Waiver of Liability

Initial I hereby agree for myself and/or my children, and on behalf of all of my family, heirs, successors, assigns and/or representatives to release TEAM and all of its officers, staff, and volunteers from any and all liability, claims, demands, acts of nature, and actions which might be made for any losses, expenses, or damages of any kind. I assume full responsibility for any risk occurring from my and/or my child's participation. TEAM assumes no responsibility for any loss, damage, or injury to persons or property in connection with your participation in TEAM volunteer activities. My participation in TEAM programs indicates a knowledge of, and an assumption of, the resulting risks, an acceptance of responsibility and liability. I also assume liability for any individuals that may accompany me during my participation in these programs. I understand that I am therefore urged to be sure to secure appropriate medical and personal injury and property damage insurance coverage prior to my participation with TEAM and any of the organization's programs.

Non-Discrimination

Initial TEAM does not, and shall not, discriminate against any individual or class of individuals on the basis of their race, color, religion, gender, national origin, age, disability, marital status, or genetic information. These activities include, but are not limited to, hiring or firing of staff, selection of volunteers or vendors, service to clients and customers and provision of services. TEAM is committed to providing an inclusive and welcoming environment to our staff, volunteers, clients, customers and vendors. Any complaints or concerns regarding compliance with this policy should be directed to TEAM's Executive Director or a designated Board Member.

Anti-Harassment Policy

Initial It is the policy of TEAM to maintain a working environment which encourages mutual respect, promotes respectful and congenial relationships, and is free from all forms of harassment. Harassment in any manner or form is expressly prohibited and will not be tolerated. TEAM is committed to vigorously enforcing this policy against harassment, including but not limited to sexual harassment, at all levels within the company. All reported or suspected occurrences of harassment will be promptly and thoroughly investigated, and where determined, take appropriate disciplinary action. All volunteers are protected by and are expected to comply with this policy and to take appropriate measures to guarantee that prohibited conduct does not occur.

The U.S. Equal Employment Opportunity Commission defines Harassment as the following:

Harassment is unwelcome conduct that is based on race, color, religion, sex (including pregnancy), national origin, age (40 or older), disability or genetic information. Harassment becomes unlawful where 1) enduring the offensive conduct becomes a condition of continued employment, or 2) the conduct is severe or pervasive enough to create a work environment that a reasonable person would consider intimidating, hostile, or abusive. Anti-discrimination laws also prohibit harassment against individuals in retaliation for filing a discrimination charge, testifying, or participating in any way in an investigation, proceeding, or lawsuit under these laws; or opposing employment practices that they reasonably believe discriminate against individuals, in violation of these laws.

Dual Relationships

Initial In keeping with TEAM's professional status within the community and to reduce any unintentional conflict, there must be no exchange of money or goods between TEAM staff/volunteers/student interns and clients currently or formerly served by TEAM. TEAM prohibits staff/ volunteers/student interns from fraternizing with any client(s) served by TEAM programs. If evidence of non-professional, non-work-related interactions between a staff person/volunteer/student intern is reported, the TEAM Executive Director will conduct an investigation of the issue which could result in disciplinary action including termination. Involvement by TEAM staff persons, volunteers and student interns with clients must only be in ways that are professional and ethical. TEAM staff persons, volunteers and student interns must discuss possible relations involving other staff, volunteers, student interns or potential clients with the TEAM Executive Director prior to involvement so that any concerns or conflicts of interest may be addressed in a timely manner.

Network Usage Policy

Initial TEAM software and computer systems are intended for business purposes; these systems may not be used to solicit for religious or political causes or for outside organizations. All information contained within the system, which includes all personal files and email, is the property of TEAM and is subject to perusal and judgment as to its nature and/or intent. Accessing or attempting to obtain access to, another person's computer system files, login credentials, or passwords without appropriate authorization is prohibited. Access to sensitive and/or confidential information of TEAM, staff, donors, fellow volunteers, and clients is not to be shared at any time for any reason. Failure to comply with this network policy will result in termination of access to TEAM computers and equipment and may result in volunteer dismissal.

Confidentiality Policy

Initial During the course of service with TEAM, a volunteer may become aware of confidential or privileged information about TEAM business, including but not limited to: information regarding TEAM finances, pricing, products and new product development, software and computer programs, marketing strategies, suppliers, customers and employees. A volunteer may also become aware of similar confidential information belonging to TEAM's clients, donors, staff and other volunteers. It is the policy of TEAM that all such information must remain confidential both during and after volunteer service, and must not be disclosed to our competitors or individuals outside of TEAM. A volunteer, who improperly copies, removes—whether physical or electronically, uses or discloses confidential information to anyone outside of TEAM is in serious violation of this policy and may be subject to disciplinary action up to and including volunteer dismissal.

Media Release

Initial By signing this volunteer form, I acknowledge that TEAM may photograph or videotape volunteers in any programs for use in promoting TEAM to the general public, including flyers, TEAM website, promotional purposes, social media, or press releases. I willingly give my consent to such uses without remuneration, and TEAM retains total ownership and rights of these materials. I agree to hold TEAM, its programs, staff and agents harmless in the use of such photographs, materials, videos, broadcasting, media releases and/or articles.

I do not wish to be photographed during my volunteer experience and I will indicate my preference each time I am in the presence of staff with photography equipment.

By initialing each section, I am indicating that I have carefully read the above responsibility disclaimers and policies, understand its contents and purpose and voluntarily agree to its terms. I certify that I have read this document in its entirety and I fully understand the content within this agreement. I am aware that this agreement contains a release of liability, anti-harassment policy, media release, and network usage, and this document serves as a contract, and I sign it of my own free will.

Volunteer Signature: _____

Date: ____/____/____

Tomball Emergency Assistance Ministries (TEAM) Volunteer Code of Conduct / Medical Release

As a volunteer of Tomball Emergency Assistance Ministries (TEAM), I hereby agree to uphold the organization's mission and values. I agree to follow the guidelines of service provided in this Volunteer Code of Conduct through the duration of my volunteer service. **The interpretation of the term "volunteer" means that I have agreed to work without compensation, in any form, but I am still fully expected to uphold basic standards of professionalism during my tenure with the organization.** TEAM reserves the right to change or modify the Volunteer Code of Conduct at any time for any reason, with the full expectation of policy adherence.

During my service as a volunteer, I am expected and agree to:

- Treat TEAM clients, visitors, donors, fellow volunteers, and staff with respect and courtesy
- Refrain from vulgar or abusive language and conduct myself in a professional manner
- Maintain ethical standards and not disclose any sensitive or confidential information at any time for any reason without permission or authorization
- Respect and adhere to all applicable laws and regulations, including all laws and provisions that govern appropriate conduct in the workplace
- Remain conscious that everything I do, directly or indirectly, has the potential to reflect upon TEAM as a whole
- Show a willingness to be trained and maintain an open-minded perspective regarding volunteer assignments
- Abstain from the use, possession, or be under the influence of any illegal substance or alcohol at any time during my volunteer service
- Report any suspected fraud or abuse to the appropriate supervisor or administrator and use my best knowledge and discretion

I understand that any action I take that is inconsistent with this Code of Conduct or failure to take action mandated by this Code of Conduct may result in my removal as a volunteer with the organization.

I HAVE READ AND AGREE TO THE TERMS OF SERVICE INDICATED ABOVE.

Printed Name: _____

Date: ____/____/____

Volunteer Signature: _____

Medical Information

Family Physician/Phone: _____ Preferred Hospital: _____

Health Conditions /Current Medications: _____

Medical Treatment Authorization and Release of Liability

I hereby authorize any representative of TEAM to render first aid to me (or my child) and/or transport me (or my child) to a hospital and/or call an ambulance. I further authorize any representative of TEAM to consent to medical treatment for me in the event of an emergency (as determined by the representative) if I am unresponsive (or for my child if I cannot be reached). This consent is valid and irrevocable for as long as I am (or my child is) a volunteer at TEAM. I understand that medical expenses resulting from the above actions are my responsibility. I hereby release TEAM, its representatives as a group and individually from any and all liability for injuries to me (or my child) arising out of my (or my child's) participation with TEAM.

Printed Name

Signature

Date