



Faith in Action Georgetown VOLUNTEER APPLICATION

Date _____

Personal Information

Last Name	First Name	Middle Initial	DOB
Address		Neighborhood	
City	Zip		
Home Phone	Cell Phone	Do you text? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address	Affiliated Congregation (if applies)		
Ethnicity: <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> African-American <input type="checkbox"/> Unknown <input type="checkbox"/> Other, Specify _____			
Employer / Profession		<input type="checkbox"/> Retired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	
Emergency Contact	Relation	Phone/Cell#	

General Information

How did you hear about Faith in Action Georgetown?

<input type="checkbox"/> Employee _____	<input type="checkbox"/> Volunteer _____	<input type="checkbox"/> Friend _____	<input type="checkbox"/> Church _____
<input type="checkbox"/> Community Event	<input type="checkbox"/> Faith in Action Website	<input type="checkbox"/> Sun Rays Magazine	<input type="checkbox"/> NextDoor
<input type="checkbox"/> Neighborhood Community	<input type="checkbox"/> VolunteerMatch.org	<input type="checkbox"/> Wilco Sun Ad	<input type="checkbox"/> Social Media _____
<input type="checkbox"/> Volunteer Center (volrock.org)	<input type="checkbox"/> Guide to Georgetown	<input type="checkbox"/> JustServes.org	<input type="checkbox"/> Seniorific News
<input type="checkbox"/> Georgetown Chamber	<input type="checkbox"/> Internet (keyword search) _____	<input type="checkbox"/> Other _____	

Do you use Social Media?

☐ Facebook ☐ LinkedIn ☐ Instagram ☐ Twitter ☐ Other _____

*Have you ever pleaded guilty to, or been convicted of a criminal offense? ☐ Yes ☐ No

If yes, give dates and circumstances _____

*Have you ever been convicted for violation of any laws, traffic or otherwise? ☐ Yes ☐ No

If yes, please explain _____

Are you volunteering to meet a mandated community service requirement? ☐ Yes ☐ No

If yes, how many hours? _____

Do you have any physical condition that may limit your volunteer activities? ☐ Yes ☐ No

If yes, please explain _____

**Convictions: A conviction does not automatically mean you will not be able to volunteer. What you were convicted of, the circumstances that surround the conviction and how long ago the conviction occurred are all important considerations in determining your eligibility. Please share all the facts to ensure a fair decision process.*

Type of Volunteer Interests

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Driver | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Social Media | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Grocery Shopping | <input type="checkbox"/> Office Volunteer | <input type="checkbox"/> Newsletter | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Committee Member | <input type="checkbox"/> Phone Buddy | <input type="checkbox"/> Online Grocery Assistance | |

Have you ever been CPR trained? ☐ Yes ☐ No Specify _____

Do you speak a foreign language? ☐ Yes ☐ No Specify _____

Are you an active/veteran service member? ☐ Yes ☐ No Specify _____

Do you have office skills? ☐ Yes ☐ No Specify _____

Other skills or interest (hobbies, travel)? ☐ Yes ☐ No Specify _____

Availability

Do you prefer a ☐ SET (same time/day) schedule? or ☐ Flexibility to choose different days Other _____

Time Available	Mon	Tues	Wed	Thur	Fri	Sat	Sun
Morning							
Afternoon							

Vehicle Information

Vehicle Yr. / Make _____ Model _____ Color _____ Vehicle size ☐ Low ☐ Tall

License Plate # _____ Auto Insurance Co. _____ ☐ Pick-Up Truck

How far are you willing to drive?

- ☐ Georgetown ☐ Round Rock ☐ Austin ☐ Temple

Will anyone else be in the car with you while driving? ☐ Yes ☐ No

Name _____	Relation _____	DOB _____
Name _____	Relation _____	DOB _____

If you would like to bring a pet with you, a copy of the current shot record is required prior to ride. Initial _____ N/A _____

- ☐ I will use the online system, and I also don't mind being called to see if I can take rides.
- ☐ I will use the online system only. Please do not call me.
- ☐ I prefer to be called once a week to see if a drive will fit with my schedule.

References

List two people that we may call for a reference. Please no family members.

Name	Phone	Time Known	Email Address

Are you active in other community organizations, clubs or volunteer activities? ☐ Yes ☐ No

If yes, what organizations? _____

Volunteer Insights

Name: _____

Why do you want to be a volunteer with Faith in Action?

How do you interpret the mission of Faith in Action in relationship to independence and quality of life?

Have you worked with senior adults previously?

Yes No

If yes,
provide details

Are you comfortable helping people with different values or beliefs than your own?

Yes No

Why do you enjoy volunteer work?

What was your most rewarding volunteer experience before?

What are your expectations for this volunteer position?

Consent for Background Check

Every Staff member and Adult Volunteer with Faith in Action Georgetown must sign an authorization form giving approval for Faith in Action Georgetown to perform a criminal background search and a driver's license check.

I give Faith in Action Georgetown my permission to obtain information relating to my criminal history record. The criminal history record will include conviction data.

I understand that this information will be used in part, to determine my eligibility for an employment or volunteer position with this organization.

I understand that as long as I remain an employee or volunteer here, the criminal history record check may be repeated at any time.

I understand that upon my request, I will have an opportunity to discuss my criminal history report and that a procedure is available for clarification if I dispute the record as reviewed.

I understand that it is my responsibility to keep my driver license and car insurance current and in force at all times as long as I am a volunteer driver for Faith in Action Georgetown.

I understand that a driver's license check is being conducted.

I understand that a written signature or electronic signature below constitutes a legal signature confirming that I acknowledge that the above information is correct and true.

Print Name _____ DOB _____

Signature _____ Date _____

Release and Waiver of Liability Agreement

This Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement ("Release") is made and provided by the person signing below ("Participant"), who is being permitted to participate in a transportation service to and from public location program ("Ride Services"), or a phone reassurance and online grocery shopping program ("Special Services"), contacting homebound senior adults ("Clients"), operated by Faith in Action Georgetown ("Organization") and members of the public who volunteer their time and/or vehicles ("Volunteers"), including the use of vehicles owned by Organization, by third parties, Volunteers, and members of the public ("Vehicles"). The Participant desires to participate in Ride Services and Special Services. Participant acknowledges and agrees that entering into this Release is required as a condition to participating in Ride Services and Special Services. This Release shall be effective on the date of its execution and delivery by Participant.

In consideration of Organization permitting Participant to participate in Ride Services or Special Services, the undersigned, on behalf of himself/herself, his/her personal representative, heirs, and next of kin, hereby stipulates and agrees:

1. ACKNOWLEDGMENT AND ASSUMPTION OF RISK. Participant understands and acknowledges that Ride Services and Special Services involve inherent risks and are dangerous, and that he or she may suffer illness or may sustain serious bodily injury, including temporary or permanent disability, paralysis and death, as well as property damage. Pursuant to current recommendations from Centers for Disease Control and Prevention and public health in the ongoing health situation (such as COVID-19), physical contact limitations MUST be observed at all times.

Such risks and dangers may be caused by the Participant's own actions or inactions, the actions or inactions of others partakers in the Ride Services and Special Services, the actions or inactions of volunteers or third parties, the condition of the Vehicles, adverse weather conditions, or the negligence of the Released Parties (as defined in Section 3 of this Release). Participant also acknowledges that any injuries he or she may sustain may be compounded or increased by negligent or delayed rescue operations or procedures of the Released Parties. Participant further acknowledges there may be other risks and economic losses, which may be known to the Participant or may be unforeseeable, that are presented by participation in the Ride Services and Special Services. PARTICIPANT VOLUNTARILY AND FREELY ASSUMES ALL RISKS AND DANGERS THAT MAY OCCUR PURSUANT TO ENTRY, USE, AND EXIT OF THE VEHICLES AND PARTICIPATION IN THE SPECIAL SERVICES OPERATED BY ORGANIZATION, INCLUDING THE RISK OF INJURY, DEATH, OR PROPERTY DAMAGE.

2. PARTICIPANT'S REPRESENTATIONS. Participant acknowledges and represents that: (1) Participant is not currently experiencing symptoms of illness such as fever, upper respiratory infection, vomiting and/or diarrhea and has been free of such for 48 hours; (2) Participant is generally in good health and free from known contagious diseases; (3) When a Participant provides a pick-up and delivery of items, the Participant will at all times wear a seat belt if available and make use of all other applicable safety measures while participating in Ride Services and Special Services; (4) Participant shall at all times follow all the rules and regulations for Ride Services and Special Services as may be established or modified by the Organization and its staff and volunteers; and (5) Participant has fully read and understands each of the provisions of this Release, and prior to signing this Release had the opportunity to consult with an attorney.

3. RELEASE FROM LIABILITY. Participant hereby agrees, on behalf of himself or herself, and his or her heirs and personal representatives, to fully and forever discharge and release Organization and Volunteers, their affiliates, and their respective partners, agents, operators, managers, employees, and representatives, other drivers, owners of other vehicles participating in the Ride Services and Special Services, and rescue personnel ("Released Parties") from any and all claims Participant may have or hereinafter have for any infection or illness (including but not limited to COVID-19), injury, temporary or permanent disability, death, damages, liabilities, expenses, costs, and/or causes of action, now known

or hereinafter known in any jurisdiction in the world, attributable or relating in any manner to Participant's use of the vehicles and participation in the Ride Services and Special Services, whether caused by the negligence of the Released Parties or by any other reason. Participant acknowledges and agrees that this Release is intended to be, and is, a complete release of any responsibility of the Released Parties for any and all personal injuries, temporary or permanent disability, death, and/or property damage sustained by the Participant while using the Vehicles or in any way related to the Ride Services, Special Services, and associated activities.

4. COVENANT NOT TO SUE. Participant agrees, for himself or herself, and all of his or her heirs and legal representatives, not to sue the Released Parties or initiate or assist in the prosecution of any claim for damages or cause of action against the Released Parties which Participant or his or her heirs or legal representatives may have as a result of any personal injury, death or property damage the Participant may sustain while using the Vehicles or participating in the Ride Services, Special Services, and associated activities.

5. INDEMNIFICATION. Participant hereby agrees to defend, indemnify and hold harmless the Released Parties from and against any third party losses, damages, actions, suits, claims, judgments, settlements, awards, interest, penalties, expenses (including reasonable attorneys' fees) and costs of any kind for any personal injury, loss of life or damage to property sustained by reason of or arising out of Participant's involvement in any of the activities associated with Ride Services, Special Services, or Participant's use of the Vehicles, whether caused by the negligence of Released Parties or otherwise.

6. GOVERNING LAW AND VENUE. This Release agreement will be governed by and interpreted in accordance with the laws of the State of Texas, without giving effect to the principles of conflicts of law of such state. Participant agrees that any action arising out of this Release must be brought exclusively in any state or federal court located in Williamson County, Texas.

7. WAIVER. No waiver of any term or right in this Release shall be effective unless in writing, signed by an authorized representative of the waiving party. The failure of any party to enforce any provision of this agreement shall not be construed as a waiver or modification of such provision, or impairment of its right to enforce such provision or any other provision of this agreement thereafter.

8. SURVIVAL. Any provision of this Release providing for performance by either party after termination of this agreement shall survive such termination and shall continue to be effective and enforceable.

9. COMPLIANCE WITH LAWS. In the performance of the terms of this Release, use of the Vehicles and participation in the Ride Services or Special Services, the parties shall comply with all applicable federal, state, regional and local laws, rules and regulations.

10. SEVERABILITY. If any provision or portion of this Release shall be held by a court of competent jurisdiction to be illegal, invalid, or unenforceable, the remaining provisions or portions shall remain in full force and effect.

11. ENTIRE AGREEMENT; MODIFICATION; BINDING EFFECT. This Release is the entire agreement between the parties with respect to the subject matter hereof and supersedes any prior agreement or communications between the parties, whether written, oral, electronic, or otherwise. No change, modification, amendment, or addition of or to this agreement shall be valid unless in writing and signed by authorized representatives of the parties. This agreement shall be binding upon and inure to the benefit of the successors, assigns, and legal representatives of the parties.

12. PHOTOGRAPHS. The organization utilizes Client and Volunteer photos for identification purposes. I hereby grant permission to have my photograph taken and on file for these purposes.

13. TRANSPORTATION AND OTHER SUPPORT SERVICES POLICY. Details of services is outlined in the policy and is available to the Participants.

I HEREBY ACKNOWLEDGE THAT I HAVE FULLY READ AND UNDERSTAND EACH OF THE ABOVE PROVISIONS. I ACKNOWLEDGE THAT PRIOR TO SIGNING THIS AGREEMENT I HAD THE OPPORTUNITY TO CONSULT WITH AN ATTORNEY TO REVIEW THIS AGREEMENT. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS AGREEMENT AND ENTER THIS AGREEMENT FREELY AND VOLUNTARILY.

Signature

Print Name

Date

Address

City, State, Zip

Phone (Home)

Phone (Cell)

Preferred Email Address

Emergency Contact #1

Relationship

Address

City, State, Zip

Phone (Home)

Phone (Cell)

Preferred Email Address

Emergency Contact #2

Relationship

Address

City, State, Zip

Phone (Home)

Phone (Cell)

Preferred Email Address