



837 East Walnut Street ▪ Grapevine TX 76051

817-305-4653 ▪ 817-488-2181 fax ▪ volunteer@gracegrapevine.org

Volunteers are a vital part of GRACE, and we THANK YOU for donating your valuable time and talent to further the GRACE mission. Please complete and sign this application. Depending on the position desired, you may be subject to a background criminal record check or a driving history check. Individuals ages 16 and up may volunteer on their own. Individuals ages 12 and up may complete a volunteer application, but must volunteer with a parent or guardian. Individuals under the age of 12 may help as part of a group project such as food drives, service projects, and special events.

Name: _____ D.O.B: _____
FIRST NAME MIDDLE INITIAL LAST NAME MM/DATE/YEAR

Address: _____
ADDRESS CITY STATE ZIPCODE

Employment: _____
COMPANY OR SCHOOL, IF STUDENT POSITION OR GRADE LEVEL

Contact Info: Email: _____

Phone Number: _____

Emergency Contact: _____
NAME RELATION PHONE NUMBER

Health and Physical Restrictions (Please list): _____

Would you like to receive the GRACE E-Newsletter? Yes No

Are you volunteering to complete service hours for an organization or institution? Yes No

If **yes**, please select the most applicable:

- Community Service Hours (CSR) - Court appointed
- School – National Honors Society, Extracurricular, Clubs...
- Organization or Group (Please list): _____
- Other: _____

AREAS OF INTEREST (Please select all that apply)		
<input type="checkbox"/> GRACEful Buys <small>GRAPEVINE & EULESS</small>	<input type="checkbox"/> Friends and Family*	18 AND OLDER, BACKGROUND CHECK MANDATORY
<input type="checkbox"/> Food Pantry*	<input type="checkbox"/> Transitional Housing*	
<input type="checkbox"/> Donation Station	<input type="checkbox"/> Seasonal* <small>CHRISTMAS COTTAGE, FEED OUR KIDS, GRACE GROCERY GIVEAWAY</small>	
<input type="checkbox"/> Community Garden	<input type="checkbox"/> Special Events <small>GRACE GALA, DESIGNER BAGS & BINGO, POKER</small>	
		<input type="checkbox"/> Client Services
		<input type="checkbox"/> Clinic

*Positions may be 18 years and older and/or require a back ground check



VOLUNTEER STATUS ACKNOWLEDGMENT

I agree that I am not an employee of GRACE and am not entitled to receive employee benefits or compensation. I understand that I am not eligible to receive workers' compensation benefits.

AUTHORIZATION TO USE PHOTOS/OTHER RECORDINGS

I grant to GRACE all rights to all photographic images and video or audio recordings of me and made by or on behalf of GRACE in connection with my volunteer service.

PERSONAL INSURANCE

I understand that GRACE may not have and has no obligation to provide health or liability insurance for volunteers. It is my choice and responsibility to have personal health and liability insurance to cover my health and property (including my vehicle) while volunteering.

RELEASE

I fully RELEASE GRACE, its successors, assigns, officers, directors, employees, agents and representatives (collectively, "Released Parties"), from any and all actions, suits, liability, claims, demands, losses, and costs for damages or other legal or equitable relief of any nature, including claims for personal injury, death, or property damage, which may arise from any act or omission (excluding acts or omissions involving gross negligence or willful misconduct) of the Released Parties or my volunteer activities affiliated with GRACE, whether or not foreseeable or contributed to by the Released Parties.

CONFIDENTIALITY

I agree that I am responsible for securely maintaining the confidentiality of all proprietary, personal, confidential, or privileged information to which I may be exposed while serving as a GRACE volunteer, whether this information involves GRACE, a staff member, volunteer, client, or other person.

AFFIRMATION OF INFORMATION

The information provided on this Application and any supplement is true, complete and accurate

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S SIGNATURE

DATE

PARENTAL APPROVAL – REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE

I certify that _____, my son/daughter, is fully capable of participating as a GRACE volunteer without compensation and has my permission to participate as a volunteer for GRACE. The "RELEASE" provision of this Application shall be fully enforceable as between GRACE and my child and me. I understand the risks involved with my child being a volunteer.

PARENT/GAURDIAN PRINTED NAME

DATE

PARENT/GAURDIAN SIGNATURE

DATE