

**Volunteer application**

OFFICE USE ONLY:

ID #:Assignment(s):

**Personal information** *All information you provide will be kept confidential*.

Title: First name: Last name: Marital status:

Address: City, state: ZIP code:

Primary phone: ( ) Secondary phone: ( )

Email address: Date of birth

Are you volunteering with a group? If yes, please indicate the group's name:

Congregation (optional): Current employer (optional):

**Emergency contact information**

Title: First name: Last name:

Address: City, state: ZIP code:

Primary phone: ( ) Secondary phone: ( )

**Background information**

Have you ever been convicted of a crime? □ Yes □ No If so, please provide the date, nature of the offense, and disposition. A criminal record will not necessarily disqualify an applicant.

**Liability release** *Please read carefully. All participants must sign this waiver.*

I, by serving as a volunteer with the program, do hereby release MIFA, its agents, and its representatives from any liabilty and responsibilty that may arise in connection with my volunteer duties (initial here) \_\_\_\_\_. I also hereby consent for MIFA to use my name, likeness, or program participation for public relations purposes; I understand that I will not receive compensation for any such use (initial here) \_\_\_\_\_. If driving is involved in my volunteer duties, I hereby acknowledge that I have and will maintain a current driver’s license and automobile liability insurance (initial here) \_\_\_\_\_.

Signature: Date:

If you are under age 18, a parent or legal guardian must also sign this waiver. If you are under age 16, a parent or legal guardian must sign this waiver and accompany you, unless you are with an organized, chaperoned group which has MIFA’s permission to participate.

Signature of parent or guardian: Date:

*(over, please)*

**Acknowledgment of duties as a volunteer**

By signing this application, I agree to serve as a volunteer and commit to the following: to perform my volunteer duties to the best of my ability; to adhere to MIFA’s rules and procedures, including record-keeping requirements and the confidentiality of agency and client information; to adhere to my volunteer commitments, or to provide adequate notice so that alternate arrangements can be made; and to at all times conduct myself as a member of the team responsible for accomplishing MIFA’s mission.

My signature serves as notice that the information provided on this application is true and accurate to the best of my knowledge. I understand that any *intentional* false or misleading information provided may be grounds for dismissal from the MIFA volunteer program. I also consent to a voluntary background check by MIFA if required to perform my volunteer duty.

Signature: Date:

Signature of parent or guardian: Date:

*Please return your completed application to: MIFA Volunteers, P. O. Box 3130, Memphis, TN 38173-3130, or email to iswanson@mifa.org. Contact Isaiah Swanson with any questions at (901) 529-4521.*