

Mattie Rhodes Center - Volunteer Application



Personal Information			
Last Name:	First:	MI:	Date:
Address (Street, City, State, Zip):			
Daytime Phone:	Home Phone:	Email:	
Emergency Contact:		Relationship:	
Daytime Phone:	Evening Phone:	Cell/pager:	

Employment Experience

(Please list your present or past employment experience)	
Employer:	Position/Title:
Dates of Employment (starting, ending):	
Work Phone:	Email:
Address (Street, City, State, Zip):	

Education:

Are you a student?	Yes	No
What school do you attend?		
What grade or year are you in?		

Volunteer Information:

Experience (Please describe your prior volunteer experience (include organization names and dates of service):
Special training, interests, skills, hobbies:
Why do you want to volunteer and/or what do you hope to gain from the experience:
Please advise what days and time you are available to volunteer:

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References:

Please list three people who know you well and can attest to your character, skills and dependability.			
Name/Organization	Relationship to You	Phone	Length of relationship
1.			
2.			
3.			

Background Information:

Are you the subject of any investigation or disciplinary proceeding before any local, state or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted of a misdemeanor within the last 24 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered yes to any of the above questions, please explain (if needed please use the backside of this page)

Statement of Understanding and Code of Conduct Certification

I understand this is a volunteer position and not a contract of employment. I further agree that as a Mattie Rhodes Volunteer, I may not accept payment for services unless otherwise stated. I am responsible for any expenses I may incur while volunteering.

As a volunteer I agree to abide by all rules and regulations of the organization. I further release all parties from liability from any damage that may result from furnishing information to you.

I understand that any information about clients that I receive in my volunteer service is of a confidential nature. I agree to keep this information confidential and not share it with anyone.

I give permission to have a criminal background check or an abuse & neglect check if I will be directly working with clients and/or children. These tests will be at no expense to me. .

I understand I will be given an orientation on Mattie Rhodes Center volunteer policies and procedures, and hereby agree to perform my volunteer assignment in compliance with those policies and procedures if I accept the volunteer position.

Volunteer Signature

Signature of staff responsible for review & orientation

Parent's Signature if minor

Please return completed form to: Mattie Rhodes Center, Attn: Development Department, 1740 Jefferson Street, Kansas City, MO 64108. Thank you very much!