



VOLUNTEER APPLICATION

Date: _____

Name: _____

Address: _____ City: _____

Home Phone: _____ Cell Phone: _____

Email: _____ Birthday: _____

Church Affiliation: _____

Current employer or previously retired from: _____

In Case of Emergency:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____

Special medical needs/conditions: _____

Becoming a ECCCM volunteer comes with great rewards and responsibilities. Volunteers represent ECCCM and your actions reflect both on you and on ECCCM.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the bases of race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity.

How to prevent Civil Rights Discrimination?

- Be kind to everyone!
- Be professional
- Be courteous
- Listen intently and take notes if necessary
- Repeat back what you have been told to insure correctness
- Avoid political and faith-based conversations with clients during TEFAP distributions
- Remember... You are providing a service

Please report any complaints to the agency director.



Volunteer Agreement

We ask you to confirm your understanding and agreement to the following:

- ❖ You agree to treat all volunteers, employees, and community members with respect, courtesy, and dignity by avoiding insensitive or offensive language as well as refraining from engaging in physical or emotional violence towards others.
- ❖ You agree, for your own safety and that of others, that you will comply with ECCCM's volunteer policies, safety rules, and other directions, and will supervise any child or other person for whom you are responsible. You will report any unsafe conditions to an ECCCM employee.
- ❖ You assume full responsibility for all risks that may arise from volunteering at ECCCM. These include risks arising from physical exertion, lifting heavy objects, conditions at facilities, using sharp objects or other tools, traveling to or from a program site, or interacting with students, other volunteers, or others.
- ❖ You agree to waive and release any claims against ECCCM and its directors and employees, including any claims for death or for injury to your person or property, resulting from your participation as a ECCCM volunteer.
- ❖ You authorize ECCCM to provide you first aid, emergency medical assistance, and transportation.
- ❖ The purchase or possession of alcohol, illegal drugs or weapons is strictly prohibited on ECCCM property and volunteer sites. Even if permitted by local laws, this zero-tolerance policy still should be upheld.
- ❖ ECCCM is a smoke free campus and smoking is not prohibited on ECCCM property.
- ❖ You agree to always hold in confidence, during and after participation, any confidential information you have access to as a volunteer of ECCCM, and to use and disclose such information only as expressly authorized by ECCCM's Executive Director.
- ❖ You grant full and exclusive rights to ECCCM in any works you may create during volunteer activities, and in any brochures, posters, reports, websites, software, presentations, or other materials you create or help to create for ECCCM, including any intellectual property rights in or derivatives of such materials.
- ❖ You consent to use of your image, voice, name, or story by ECCCM, for purposes of promotion and fundraising, on its website, in its publications, through social media, or any other media. You agree that you have no right to approve or receive payment for such use, and to waive any legal claims related to such use, including claims relating to copyright or rights of publicity or privacy.
If you **do not** wish to agree to this consent, please check this box:
- ❖ You understand that you are not an employee of ECCCM and will not be paid or be eligible for participation in ECCCM benefit plans.
- ❖ You understand this agreement applies throughout the duration of your participation as a ECCCM volunteer, and that this agreement is complete and supersedes all prior or contemporaneous communications or understandings between you and ECCCM relating to volunteer activities.
- ❖ You have read this agreement and understand its terms. You sign it freely and voluntarily. You understand any violations of this agreement may result in dismissal from volunteering with ECCCM.

Thank you again for volunteering with ECCCM.

Volunteer Printed Name

Volunteer Signature

Date

Parent's/Guardian's Name (if under 18) Parent's/Guardian's Signature

Date