

# VOLUNTEER AT GRACE HOUSE

WE ARE INCREDIBLY GRATEFUL FOR EACH OF OUR VOLUNTEERS. WE ARE BLESSED BY YOUR WILLINGNESS TO SERVE, AND SHARE IN OUR COMMITMENT TO BRING HOPE AND TRANSFORMATION TO THE WOMEN OF ST. LAWRENCE COUNTY. WE HAVE SEVERAL CATEGORIES OF VOLUNTEERS TO CHOOSE FROM:

## CORPORATE VOLUNTEERS

- VARIOUS ADMINISTRATIVE TASKS
- DATA ENTRY
- THANK YOU NOTES AND CALLS TO DONORS
- INVENTORY
- ONLINE RESEARCH
- EVENT PLANNING/PREPARATION

## HOME VOLUNTEERS

- TUTORING
- MENTORING
- SHARING TESTIMONY
- TEACHING
- EVENT PLANNING/PREPARATION

## TRANSPORT VOLUNTEER

- TRANSPORTING RESIDENTS TO AND FROM APPOINTMENTS/MEETINGS

## WORSHIP VOLUNTEER

- LEADING IN-HOUSE WORSHIP
- COORDINATING IN-HOUSE WORSHIP EVENTS
- ASSISTING/LEADING BIBLE STUDIES

## IT/TECH VOLUNTEER

- REMOTE/ONSITE TROUBLESHOOTING SUPPORT
- SUPPORT WITH WEBSITE

## MAINTENANCE VOLUNTEER

- HELP WITH MINOR HOUSE REPAIR

# VOLUNTEER APPLICATION

## GRACE HOUSE

PO BOX 637  
CANTON, NY 13617  
(PH) 315-386-3904  
NEWHOPETRANSFORMATION.ORG

### PLEASE SELECT:

CORPORATE VOLUNTEER \_\_\_\_\_  
HOME VOLUNTEER \_\_\_\_\_  
TRANSPORT VOLUNTEER \_\_\_\_\_  
WORSHIP VOLUNTEER \_\_\_\_\_  
IT/TECH VOLUNTEER \_\_\_\_\_  
MAINTENANCE VOLUNTEER \_\_\_\_\_

### APPLICANT INFORMATION

NAME: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_/\_\_\_/\_\_\_  
ADDRESS: \_\_\_\_\_  
PRIMARY PHONE: \_\_\_\_\_ SECONDARY PHONE: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CHURCH YOU ATTEND: \_\_\_\_\_  
SCHOOL: \_\_\_\_\_  
FIELD OF STUDY: \_\_\_\_\_  
OCCUPATION: \_\_\_\_\_  
JOB RESPONSIBILITIES: \_\_\_\_\_

### REFERENCE:

PLEASE LIST ONE PERSON (NOT RELATED TO YOU) WE MAY CONTACT AS A REFERENCE.

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_

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### *PERSONAL FAITH*

Have you committed your life to God? ( )Y ( )N

Briefly describe your personal relationship with Christ:

### *CRIMINAL RECORD*

A person who is currently charged with, has been convicted of, or plead guilty in any manner to a crime of violence against another person or has pled guilty to any lesser offense derived from a crime of violence against another person, or any offense involving the manufacture, sale, distribution, or possession of any drug shall not be permitted to serve as a volunteer or intern at THM/Grace House.

Have you been convicted of a felony? ( )Y ( )N

If yes, please explain:

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### AVAILABILITY

PLEASE INDICATE DAYS AND TIMES YOU ARE AVAILABLE.

	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING							
AFTERNOON							

ARE YOU AVAILABLE FOR EVENT PREPARATION AND ATTENDANCE? ( ) Y ( ) N

WHAT SPECIFIC TALENTS/SKILLS WOULD YOU LIKE TO BRING TO GRACE HOUSE?

### WORKING WITH GRACE HOUSE

WE ARE THANKFUL FOR ALL OF OUR APPLICANTS & VOLUNTEERS. WE BELIEVE THAT YOUR DEVOTED SERVICE TO THE WOMEN OF GRACE WILL MAKE A LASTING IMPACT FOR GENERATIONS TO COME.

DUE TO THE NATURE OF OUR RESIDENTS AND THEIR HISTORY, YOU MAY ENCOUNTER TOPICS THAT ARE DIFFICULT TO PROCESS OR TRIGGER SOMETHING FROM YOUR OWN PAST STRUGGLES. BY SIGNING BELOW YOU ARE ENTERING INTO AN AGREEMENT WITH GRACE HOUSE THAT YOU WILL SEEK APPROPRIATE PASTORAL AND/OR PROFESSIONAL CARE IF NEEDED SHOULD YOU BE AFFECTED IN SUCH A MANNER. ADDITIONALLY, IF SERVING AT GRACE HOUSE BECOMES A BURDEN OR HINDERANCE TO YOUR OWN FREEDOM, YOU AGREE TO STEP AWAY FROM YOUR RESPONSIBILITIES IN AN EFFORT TO SEEK HEALING AND FREEDOM.

SIGNATURE \_\_\_\_\_ DATE \_\_\_/\_\_\_/\_\_\_

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### BACKGROUND INVESTIGATION CONSENT FORM

I,  HEREBY AUTHORIZE GRACE HOUSE AND/OR ITS AGENTS TO MAKE AN INDEPENDENT INVESTIGATION OF MY BACKGROUND, REFERENES, CHARACTER, CREDIT HISTORY, CRIMINAL OR POLICE RECORDS, INCLUDING THOSE MAINTAINED BY BOTH PRIVATE AND PUBLIC ORGANIZATION AND ALL PUBLIC RECORDS TO INCLUDE ALL SEX OFFENDER ABUSE REGISTRY FOR THE PUPPOSE OF CONFIRMING THE INFORMATION CONTAINED ON MY APPLICATION AND/OR OBTAINING OTHER INFORMATION WHICH MAY BE MATERIAL TO MY QUALIFICATIONS FOR SERVING AS A VOLUNTEER/INTERN NOW AND, IF APPLICABLE, DURING THE TENURE OF MY SERVICE WITH TRANSFORMATION HOUSE MINISTRIES//GRACE HOUSE. I UNDERSTAND THAT SHOULD THERE BE ANY SUCH ACTIVITY GRACE HOUSE HAS THE RIGHT TO DENY MY APPLICATION.

I UNDERSTAND THAT MY DRIVING RECORD WILL ALSO BE A PART OF THIS INQUIRY.

I HEREBY RELEASE ALL INDIVIDUALS, COMPANIES, CORPORATIONS, AND AGENCIES, PUBLIC OR PRIVATE, CONNECTED THEREWITH FROM ANY AND ALL LIABILITY ASSOCIATED WITH THE DISSEMINATION OF SUCH INFORMATION PERTAINING TO ME. I UNDERSTAND THAT I MAY REQUEST A COMPLETE AND ACCURATE DISCLOSURE OF THE INFORMATION OBTAINED.

SIGNATURE

DATE

NAME (AS LISTED ON DRIVERS LICENSE)\_\_\_\_\_

MAIDEN NAME:\_\_\_\_\_

SOCIAL SECURITY NUMBER\_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_

DATE OF BIRTH\_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DRIVERS LICENSE NUMBER\_\_\_\_\_ STATE\_\_\_\_\_

CURRENT ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIPCODE\_\_\_\_\_

COUNTY\_\_\_\_\_

PREVIOUS ADDRESSES, CITIES, AND STATES YOU HAVE RESIDED IN THE PAST 10 YEARS.

ADDRESS\_\_\_\_\_ CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIPCODE\_\_\_\_\_

ADDRESS\_\_\_\_\_ CITY\_\_\_\_\_ STATE\_\_\_\_\_ ZIPCODE\_\_\_\_\_

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THE AGREEMENT DOES NOT CREATE AN AGENCY OR PARTNERSHIP RELATIONSHIP, AS IS NOT ASSIGNABLE BY THE RECIPIENT. THIS AGREEMENT IS GOVERNED BY THE LAWS OF NEW YORK STATE, EXCLUDING ITS CONFLICT-OF-LAWS PRINCIPLES. THE CONFIDENTIALITY OBLIGATIONS OF SAID AGREEMENT WILL SURVIVE TERMINATION OF THIS AGREEMENT AND ANY RELATIONSHIP BETWEEN THM/GRACE HOUSE.

I HAVE READ AND UNDERSTAND THIS AGREEMENT AND VOLUNTARILY AGREE TO ADHERE TO THE DUTIES AND OBLIGATIONS SET FORTH HEREIN. I UNDERSTAND THAT A BREACH OF THE AGREEMENT MAY RESULT IN THE TERMINATION OF MY VOLUNTEER/AND OR INTERNSHIP RELATIONSHIP WITH THM/GRACE HOUSE AND/OR LEGAL ACTION IS WARRANTED.

THIS AGREEMENT IS EFFECTIVE AS OF \_\_\_\_/\_\_\_\_/\_\_\_\_

-----  
*PRINTED NAME*

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*SIGNATURE*