

CORP. VOLUNTEER APPLICATION



P.O. Box 111060
Nashville, TN 37222-1060
(Ph) 615.831.6987
MercyMultiplied.com

**NOTE: You must download and save the application before filling it out.
After it's completed, save again and submit as an email attachment.*

Applicant Information

Name: _____

Date of Birth: ____/____/____

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Church You Attend: _____

Occupation: _____

Job Responsibilities: _____

If you are a student, please complete the following:

School: _____

Field of Study: _____

If you are under the age of 18, please provide the following information:

Name of Parent/Guardian: _____

Parent/Guardian Phone: _____

Availability

Please indicate the days and times for which you would be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

What specific talents/skills would you like to bring to Mercy Multiplied?

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Reference

Please list one person (not related to you) we may contact as a reference.

Name: _____ Relationship: _____

Phone: _____

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____

Criminal Record

A person who is currently charged with, has been convicted of, or has pled 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 Mercy Multiplied.

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please explain:

Working with Mercy Multiplied

We are thankful for all our volunteers and interns, and deeply value your service to Mercy Multiplied. As you partner with us to see lives transformed and hope restored at Mercy, our desire is for you to gain an understanding of our heart that you may share it with your circle of influence.

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 Mercy Multiplied that you will seek appropriate pastoral and/or professional care, if needed, should you be affected in such manner. Additionally, if serving at Mercy Multiplied becomes a burden or hindrance to your own freedom, you agree to step away from your responsibilities in an effort to seek healing and freedom.

Signature

Date



Confidentiality Agreement Form

Mercy Multiplied International Inc., its affiliates, officers, agents, directors, and employees ("Mercy Multiplied") thanks you for your assistance as a volunteer or intern in enabling opportunities for young women to experience God's unconditional love, forgiveness, and life-transforming power through specialized programs directed by Mercy Multiplied ("Purpose"). The following confidentiality and hold harmless agreement ("Agreement") must be completed by all volunteers and interns providing their time and service to Mercy Multiplied.

In interacting with Mercy Multiplied, the undersigned volunteer or intern ("Recipient") may be granted access to or provided with information, which Mercy Multiplied considers to be private or confidential ("Confidential Information"). In consideration of being provided with access to the Confidential Information, Recipient must take reasonable care to protect the Confidential Information and prevent unauthorized use and disclosure of such. Recipient may only use the Confidential Information for the Purpose.

Recipient acknowledges that any records, forms, written, audio, or multimedia materials related to the Purpose are protected under copyright law and the copying, sharing, or distribution of such is expressly prohibited by Mercy Multiplied and by law. Recipient acquires no intellectual property rights under this Agreement, except for the limited rights necessary to use Confidential Information for the Purpose. Recipient agrees to hold in high esteem the right of Mercy's residents to the protection of privacy.

Recipient agrees to:

1. Prepare records carefully, with accuracy and professionalism
2. Physically safeguard Confidential Information, including, but not limited to records, forms, written, recorded, or multimedia materials
3. Release confidential information from records only with express written permission of Mercy Multiplied
4. Guard against informal violations of confidentiality by being very discrete about what I discuss both within and outside of the agency
5. Seek access only to the records with which I am professionally involved
6. Continue to observe the procedures protecting confidentiality beyond the term of my term of volunteer/intern relationship with Mercy Multiplied

Serious and/or repeated infractions may result in termination of Recipient's relationship with Mercy Multiplied and/or legal action as warranted. Recipient remains aware that certain information pertaining to internal matters of the agency should be maintained confidential and shared with express concern for the welfare of Mercy Multiplied.

Recipient hereby covenants not to sue Mercy Multiplied and releases, waives, and discharges Mercy Multiplied from any and all liability, claims, demands, actions, or causes of action arising out of or related to any loss, damage, or injury, arising out of recipient's use of the Confidential Information.

Recipient agrees to indemnify and hold harmless Mercy Multiplied from any loss, liability, damage, or costs, including court costs and attorney fees, that Mercy Multiplied may incur arising out of or relating to Recipient's receipt and/or use of the Confidential Information.

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The Agreement does not create any agency or partnership relationship, as is not assignable by the Recipient. This Agreement is governed by the laws of the State of Tennessee, excluding its conflict-of-laws principles. The confidentiality obligations of said Agreement will survive termination of this Agreement and any relationship between Mercy Multiplied and Recipient.

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 termination of my volunteer and/or internship relationship with Mercy Multiplied and/or legal action as warranted.

The Agreement is effective as of this ____ day of _____, 20____.

Printed Name

Signature

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Background Investigation Consent Form

I, _____, hereby authorize Mercy Multiplied International and/or its agents, to make independent investigation of my background, references, character, credit history, criminal or police records, including those maintained by both public and private organizations and all public records to include sexual offender and abuse registry for the purpose 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 Mercy Multiplied International. I understand that should there be any such activity Mercy Multiplied International has the right to deny my application.

I understand that my driving record will also be obtained as 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

Applicant's Name (as listed on driver's license): _____

Maiden Name (if applicable): _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Driver's License Number: _____ State: _____

Current Address: _____

City: _____ State: _____ Zipcode: _____

County: _____

Addresses, Cities and States in which you have resided for the previous 10 years:

Address: _____ City: _____ State: _____ Zipcode: _____

Address: _____ City: _____ State: _____ Zipcode: _____

Address: _____ City: _____ State: _____ Zipcode: _____



Parental Consent Form

NO ONE UNDER 18 YEARS OF AGE WILL BE PERMITTED TO VOLUNTEER AT MERCY MULTIPLIED WITHOUT THIS COMPLETED FORM.

PARENTAL CONSENT AND ACKNOWLEDGMENT FORM

We are delighted that your child is interested in volunteering at Mercy Multiplied. It is of utmost concern that your child has a rewarding and positive experience while volunteering at Mercy Multiplied.

I agree that this document certifies that I am the parent or guardian of _____ and hereby grant permission to the Mercy Multiplied adult volunteers or employees to obtain medical care from any licensed physician, hospital, or medical clinic for the above named at such times deemed necessary for physical health purposes.

I hereby waive all claims against and agree not to sue Mercy Multiplied, its officers, agents, employees and volunteers as a result of my child's participation in this volunteer activity or any claim arising from injury of the child in the execution of the above actions.

Participant's Name

Parent/Guardian Signature