



Restoring Hope.
Transforming Lives.

Dear Volunteer Applicant,

Thank you for your interest in volunteering at Mercy Multiplied. Review, complete, and submit the below items to be considered for a volunteer¹ opportunity.

Mercy Multiplied is unable to provide housing and transportation for Volunteers. Please keep this in mind if you do not live where you'd be volunteering.

Application Requirements:

1. Volunteer Application
2. Resumé – *Submit upon Mercy Staff request*
3. Reference Letter x1 – *Submit upon Mercy Staff request*

Complete Application: Please be sure to save the Application on your computer and save it frequently. Follow the prompts from within the PDF to electronically sign the Application. The Application can also be printed to add handwritten responses.

Submit Application: All Volunteer Applications are sent to Mercy Multiplied's Corporate Office, via email volunteer@mercymultiplied.com, even if you're wanting to volunteer in other Mercy Multiplied locations.

Application Review & Approval Process:

The below process will occur once you've submitted the Volunteer Application:

1. Staff will review your Volunteer Application and schedule a phone interview
2. Staff will reach out to other Mercy Staff to determine the need of a Volunteer
3. Once a Volunteer need is identified the Mercy Staff will contact the Applicant to schedule an interview².
4. Once approved to move forward with Volunteering, Mercy's Human Resources is notified and will complete background checks while the Applicant completes their required Fingerprinting³.
5. Once all the background checks are cleared the Applicant can begin volunteering.

Feel free to call if you have any questions at 615-831-6987, Monday-Friday from 8-5pm CST.

We look forward in working with you!

Thank you,

Mercy Multiplied Staff

Mercy Multiplied
P.O. Box 111060
Nashville, TN 37222-1060

(Ph) 615.831.6987
(Fx) 615.315.9749

MercyMultiplied.com

¹ Disclaimer: Mercy Multiplied volunteer opportunities are unpaid.

² Phone or in-person Interview

³ Disclaimer: Applicants are responsible for costs associated with fingerprinting/background checks.

Mercy Multiplied: Volunteer Application

Name: _____ Date of Birth: _____

Address: _____

Phone Number: _____ Email Address: _____

How did you hear about Mercy Multiplied?

- | | |
|---|--|
| <input type="checkbox"/> Counselor | <input type="checkbox"/> Program or Facility: _____ |
| <input type="checkbox"/> Graduate/Former Resident | <input type="checkbox"/> School: _____ |
| <input type="checkbox"/> Hospital: _____ | <input type="checkbox"/> Social Media – Facebook |
| <input type="checkbox"/> Internet | <input type="checkbox"/> Social Media – Instagram |
| <input type="checkbox"/> Mercy Event: _____ | <input type="checkbox"/> Social Media – Other: _____ |
| <input type="checkbox"/> Nancy Alcorn – Saw on TV | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Nancy Alcorn - Spoke at Church | |
| <input type="checkbox"/> Nancy Alcorn – Spoke at Conference | |

Employment

Occupation: _____

Job Responsibilities:

Church Information

Name of Church: _____ Pastor Name: _____

Describe your church involvement:

Emergency Contact

Name: _____ Relationship: _____

Phone Number: _____

Prior History with Mercy Multiplied

Are you a Graduate or Former Resident of Mercy Multiplied? Yes No

Which Mercy Multiplied Home did you attend?

- Monroe Home
- Nashville Home
- Sacramento Home
- St. Louis Home

When did you enter the Home? _____

When did you exit the Home? _____

IMPORTANT: If yes, please contact Transitional Care at transitionalcare@mercymultiplied.com to discuss your application prior to submission.

Volunteer at a Mercy Multiplied Home

Volunteer opportunities in a Mercy Multiplied Home vary as Volunteers are unable to have direct, 1:1 contact with the Residents. Please contact our offices (615-831-6987) to learn more about volunteer opportunities in the Home.

Which Mercy Multiplied location are you interested in:

- Monroe Home
- Nashville Home
- Sacramento Home
- St. Louis Home
- N/A

Volunteer at Mercy Multiplied's Corporate Office

Are you interested in volunteering at Mercy's Corporate Office? Yes No N/A

Please select your 1st, 2nd, and 3rd choice of departments you're interested in:

- | | |
|--------------------|--------------------------|
| _____ Accounting | _____ Outreach |
| _____ Treasury | _____ Adoptions |
| _____ Marketing | _____ Intake |
| _____ Development | _____ Transitional Care |
| _____ Mercy Events | _____ Program Data Entry |

Education

Are you a full-time student? Yes No N/A Expected Graduation Date: _____

School Requirements

Do you need to volunteer and/or complete community services hours for school or work? Yes No N/A

If yes, please describe why you need volunteer hours?

What is the name of your school or work? _____

How many total hours do you need? _____ How many hours per week? _____

What is required of Mercy Multiplied Staff to confirm your hours?

Volunteer Availability

When can you start volunteering? _____

How long do you plan and/or desire to volunteer? Weekly Monthly 1-3 Months
 3-6 Months As Needed

Indicate the timeframes in which you're available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning: 8-11am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon: 12-5pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Disclaimer: Volunteer opportunities may occur on weekends for Mercy Events.

Criminal Record Inquiry

Have you ever been convicted of a felony, including a suspended sentence? Yes No

If yes, please describe:

Have you ever been under investigation for any sexual offense? Yes No

If yes, please describe:

Are you now or have you ever lived with someone who has been under investigation for any sexual offense?

Yes No

If yes, please describe:

Falsification of required information may subject the person to criminal prosecution.

It shall be unlawful for any person to falsify any information required on The Volunteer Application. Knowingly failing to disclose required information shall be deemed to be falsification to the same extent as providing false information.

Release Authorization for Background Investigation

I hereby acknowledge that as a condition of my Volunteer Application with Mercy Multiplied the organization may conduct any or all of the following investigative measures in regard to my Volunteer Application:

1. Obtain and review any or all investigative records for the purpose of verifying the accuracy of criminal violation information contained on my application, including but not limited to various federal, state, and other agencies, and Sex Offender Registry background checks.
2. My signature below authorizes that information is to be shared from Tennessee Department of Children's Services or California Department of Social Services to Mercy Multiplied (if applicable).

Legal Name (First, Last, Middle): _____

Maiden Name (if applicable): _____

Date of Birth: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

Address: _____

Provide the addresses for previous residences in the last 10 years:

1st Address: _____

2nd Address: _____

3rd Address: _____

My signature below authorizes any and all the above investigative measures set out in items above.

Applicant Signature: _____

Confidentiality Agreement

Mercy Multiplied shall be required to hold in confidence all information related to ministry personnel, clients, personnel files, case files and the internal affairs of the ministry. Confidentiality is an integral part of the ministry and offers safety and privacy.

All board members, employees, volunteers/interns and contractors must sign a *Confidentiality Agreement* and exercise good judgment and care at all times to avoid unauthorized or improper disclosures of confidential information. Conversations in public places should be limited to matters that do not pertain to information of a sensitive or confidential nature. In addition, board members, employees and volunteers/interns should be sensitive to the risk of inadvertent disclosure and should refrain from leaving confidential information on desks or otherwise in plain view and refrain from the use of speaker phones to discuss confidential information if the conversation could be heard by unauthorized persons.

Any breach of confidentiality shall require disciplinary action up to and including termination of volunteering/interning.

At the end of a board member's term or upon the separation of an employee, volunteers/interns, or contractor, he/she will return all documents, papers, and other materials which may contain or be derived from confidential information and continue to observe the procedures protecting confidentiality.

All board members, employees, volunteers/interns and contractors must sign a *Confidentiality Agreement* honoring all ministry policies related to confidentiality.

Ministry personnel files and case records shall be housed in locked, fire-resistant files. Only authorized personnel shall have access to the files.

Information from ministry personnel files and client records shall never be shared without appropriate written authorization.

Information pertaining to ministry corporate operations shall never be shared without appropriate written authorization.

Confidentiality Infractions

Infractions of the above agreements are defined as being of two types:

Type 1 - Intentional & Serious: This is when a staff member knowingly and deliberately commits a breach of confidentiality. The commitment of Type 1 infraction will result in a discussion of the infraction between the staff member and immediate supervisor and a written reprimand entered into the staff member's personnel records. A serious infraction could be considered grounds for dismissal.

Type 2 - Unintentional & Moderate: This is when by carelessness, forgetfulness, or poor judgment a staff member places in jeopardy the confidential record of the ministry or information regarding a client. The commitment of a Type 2 infraction will be discussed with the staff member by his/her immediate supervisor and noted in writing in the staff member's personnel file. Repeated commitment of the Type 2 infraction could be considered grounds for dismissal.

Confidentiality Agreement (cont'd)

As a Mercy Multiplied Volunteer, I agree to:

- ✓ Protect the privacy of Current Residents, Former Residents, and Donors. By signing this document, I am agreeing to keep **ALL** information about these individuals confidential.
- ✓ Prepare records carefully, being accurate and professional.
- ✓ Physically safeguard records and other confidential materials by guarding them.
- ✓ Release confidential information from records only with express written permission of the resident and her parents/guardians.
- ✓ Guard against informal violations of confidentiality by being very discrete about what I discuss both within and outside of the ministry.
- ✓ Seek access only to the records with which I am professionally involved.
- ✓ Continue to observe the procedures protecting confidentiality after termination of my employment or end of my term or assignment.

I have read and understand the Confidentiality Agreement as presented above and agree to adhere to the guidelines set forth.

Additionally, I am aware that certain information pertaining to internal matters of the ministry should be maintained confidential. Sharing about ministry policies, newsworthy issues, and other sensitive information should be done with concern for the welfare of the ministry and in accordance with the *Confidentiality Agreement*.

I realize that a breach of confidentiality may be considered an act of gross misconduct and is subject to disciplinary action.

Volunteer Applicant Signature: _____

Non-Compete & Confidentiality Agreement

The Non-Compete & Confidentiality Agreement is between Mercy Multiplied America (“MMA”) and _____ (“Volunteer”). MMA is dedicated to carrying out its mission to provide opportunities for young women to experience God’s unconditional love, forgiveness, and life-transforming power, through Biblical principles. In order to fulfill its stated mission, MMA relies on the generosity of its charitable donors. The parties agree that MMA’s relationship with its donors is dependent upon the trust and confidence that the donors place in MMA. Any breach of that trust and confidence could cause MMA irreparable harm. The Volunteer agrees and acknowledges, evidenced by the Volunteer’s signature below, that the Volunteer has had or shall have access to, or is aware of, certain confidential, restricted and/or proprietary information concerning MMA. The Volunteer hereby undertakes and agrees that the Volunteer has a duty to MMA to protect such information from use by or disclosure to third parties. The Volunteer agrees, during and after the term hereof, not to directly or indirectly, use, divulge, disclose or make accessible to any person, partnership, corporation, or other entity, or appropriate for the Volunteer’s own use, or the use of any other person, partnership, corporation or other entity, any information, data, figures, donor lists, fundraising strategies, including methods of using social media, tax records, information relating to MMA’s operations, concepts, services, personnel history, or accounting procedures concerning MMA that are not generally available to the public (“Confidential Information”). The Volunteer agrees to maintain all such Confidential Information in strictest confidence and acknowledges and agrees that such information shall remain the sole and absolute property of MMA, and that the Volunteer shall not maintain any personal copies thereof and all notes and summaries thereof prepared by either MM or the Volunteer shall be returned promptly to MMA.

By providing your signature on this Non-Compete & Confidentiality Agreement, acknowledge that if you violate the provisions of this Agreement by soliciting, then the Volunteer shall be liable to MM for any amount equal to the gross amount of charitable contributions received by MMA from the solicited donor during the previous 12 (month) period. The non-prevailing party in any dispute arising under this Agreement shall be obligated to pay all costs and expenses, including attorney’s fees, of the prevailing party.

The parties have had an opportunity to read and review this Agreement and to consult with an attorney, if so desired.

Volunteer Applicant Signature: _____

Informed Consent

While volunteering at Mercy Multiplied, understand everything you work on and/or discuss with Staff is confidential between Mercy Multiplied America, Mercy Multiplied International, and you.

The exceptions to confidentiality as follows:

If any of following is suspected by any Staff member at Mercy Multiplied, we are mandated, by law, to report this to the proper authorities.

1. Abuse - If you are a minor (under 18 years of age), and you are being abused in either a physical, mental, or sexual way, Mercy Multiplied is required by law to report it to the local Child Protection Agency. Also, if you know of a minor being abused, we are required to report this to the local Child Protection Agency.
2. Suicide - If you have definite plans of killing yourself, Mercy Multiplied is required to report this to the appropriate authorities.
3. Homicide - If you have plans of killing someone or know plans of someone killing or attempting to kill another person, including you, Mercy Multiplied is required by law to report this to the appropriate authorities.

OR

Due to licensing standards, volunteer records are able to be reviewed by the appointed licensing representative at any given time, unless the records are outside of the state's statute of limitations. This is required by Tennessee Department of Children's Services or California Department of Social Services to ensure compliance with all state regulations.

Media Release Informed Consent

Mercy Multiplied often takes photographs and/or videos/DVDs of events at the Home, Corporate, or at offsite locations. There may be an occasion in which as a Volunteer you may have the opportunity to be photographed and/or recorded.

Review and sign the below *Media Release: Standard* if you're interested in participation.

Mercy Multiplied Media Release: Standard

I permit Mercy Multiplied as well as its parent companies, subsidiaries, assignees, and affiliated companies to record, own, publish, and republish information about me/my property and reproductions of my likeness and my voice and face for marketing and publicity purposes through any media.

I agree that the media footage may be edited and used, in whole or in part, in all media, including (but not limited to) marketing collateral; audio and video for social media outlets such as blogs, Twitter, Facebook and others; CD-ROMs; DVDs; Internet including the Mercy website, Vimeo, YouTube, and other video platforms; television, radio, and cable broadcasts; and for all other purposes in perpetuity throughout the world. I consent to the use of my name, likeness, voice, face, and biographical information in connection with the distribution and promotion of this media venue.

I expressly release Mercy Multiplied from any defamation and other claims I may have arising out of the above-described materials and hereby waive all rights to inspect and approve the finished product or its use. I acknowledge this release is firm and final and I sign this document to signify my agreement.

I allow Mercy to use the media in the way they choose.

I understand this release will expire upon written statements to Mercy Staff.

I have read this release, understand its contents and will keep a copy for my records.

Name Signature of Individual Date

E-mail Phone

Address

Please check if you are a Mercy Multiplied Graduate or Former Resident.

Staff Use Only:

Media Release used for Specific Purpose: _____

MARKETING STAFF: (1) Scan/Save on Marketing Drive & (2) Scan/Email TC Manager
TC STAFF: (1) Scan/Save on TC ETO & (2) Scan/Email Marketing Staff

Revised: 5/1/19



Volunteer Questionnaire

Why do you want to volunteer at Mercy Multiplied?

What specific skills and qualities would you bring to volunteering?

What skills and/or knowledge do you hope to gain while volunteering at Mercy Multiplied?

Volunteer Application Consent

By signing this Volunteer Application, I am stating that the information provided is true and correct to the best of my knowledge.

I agree to provide further information requested of me by Mercy Multiplied, and to work cooperatively with Mercy Multiplied toward a volunteer opportunity.

I agree to notify Mercy Multiplied if I wish to withdraw my Volunteer Application, or if the information contained herein changes significantly.

Volunteer Applicant Signature: _____

Date: _____

Submit Application:

Submit the below items via email to volunteer@mercymultiplied.com

1. Volunteer Application
2. Resumé – *Submit upon Mercy Staff request*
3. Reference Letter x1 – *Submit upon Mercy Staff request*

Disclaimer: All items must be submitted and approved in order to be considered for a volunteer opportunity.