



INTERFAITH CARING MINISTRIES

**VOLUNTEER INFORMATION**

Date \_\_\_\_\_ E-mail \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Street Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Birthday \_\_\_\_\_ (Month/Day)

**In Case of Emergency, Contact:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: Work \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_

**VOLUNTEER WAIVER AND RELEASE and CONFIDENTIALITY RELEASE**

In consideration for being permitted to volunteer for Interfaith Caring Ministries, I do hereby release, waive, discharge, and hold harmless Interfaith Caring Ministries, its employees, and the Board of Directors, resulting from or related to any injury or loss that may occur. The PROVIDER acknowledges, in using their own vehicle, their insurance carrier is solely responsible for their insurance coverage and for any and all claims arising from any activity under this agreement.

All information is confidential, and I agree that I will not use or disseminate any information to which I have access through my volunteer service with Interfaith Caring Ministries for any purpose other than what is authorized or directed by the Interfaith Caring Ministries staff person, to whom I am assigned.

**My signature below verifies I have read and understand the Waiver and Confidentiality Agreement and, all the information I have provided on this application is true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent if Child is Younger than 18

Please Mark Program(s) of Interest:

Client Interviewer \_\_\_\_\_  
Food Pantry \_\_\_\_\_  
Resale Shop \_\_\_\_\_

Food for Seniors \_\_\_\_\_  
Senior Birthdays \_\_\_\_\_

Receptionist \_\_\_\_\_  
Mailings \_\_\_\_\_

Fundraising \_\_\_\_\_  
(Golf/Festival of Trees)  
Webster \_\_\_\_\_  
After School Lab