



130 Bidwell St. – Franklin, NC - 28734
Main Office: (828) 369-2642 Fax: (828) 369-0274 Thrift Store: (828) 349-9064

VOLUNTEER APPLICATION

| | |
|-------------------------------------------|--------------|
| Name: _____ (Last) (First) (M.I.) | Date: _____ |
| Present Address: _____ _____ | Phone: _____ |
| City State Zip code | DOB: _____ |
| How many years at current location? _____ | |
| Seasonal Address: _____ | |
| Email Address: _____ | |

VOLUNTEER INFORMATION

Have you volunteered before? If so, where? _____

Dates/ Hours of Availability: _____

What skills do you have which you believe would be valuable to CareNet?

Volunteer Opportunities - (Please rank your interest: 1-Most Interested to 10-Least Interested):

- | | | |
|------------------------------------------------|---------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Counselor/Interviewer | <input type="checkbox"/> Soup Café – Cook | <input type="checkbox"/> Thrift Store – Customer Service |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Soup Cafe – Server | <input type="checkbox"/> Thrift Store – Merchandising |
| <input type="checkbox"/> Filing Assistant | | <input type="checkbox"/> Thrift Store – Sorting Donations |
| <input type="checkbox"/> Pantry Clerk | | |
| <input type="checkbox"/> Warehouse Stocker | | |

Emergency Contact Information

Name: _____ Date: _____
(Last) (First) (M.I.)

Address: _____ Phone: _____
_____ DOB: _____

Marital Status:

M S D W Spouse's Name: _____

Church Affiliation: _____

Pastor: _____

Medical Information

Do you have any allergies? _____

Is there any medical condition (for emergency purposes) that CareNet should know about?

Physician's Name: _____ Phone: _____
(Optional)

TELL US ABOUT YOURSELF

Please tell us a little about you (i.e. Hobbies & Interests):

What is your favorite food and/or candy?

Which do you prefer regarding appreciation for one's service (please circle):

Public Acknowledgment (i.e. tokens of appreciation); Personal Thank You/Acknowledgment;

Other (please specify): _____

Any additional information you would like to provide?

Please list name, address and telephone numbers of two references:

| First Reference | Second Reference |
|-----------------|------------------|
| Name: | Name: |
| Address: | Address: |
| Phone Number: | Phone Number: |

DO WE HAVE YOUR PERMISSION TO CONDUCT A CRIMINAL BACKGROUND CHECK? _____ YES (please complete & sign below) _____ NO

Name: _____ SSN: _____
Volunteer Signature: _____ Date: _____

Macon County Care Network, an Equal Opportunity Employer/Volunteer Organization, is always glad to receive applications from qualified persons. Assignments are made in accordance with the needs of the organization and are subject to change.

I HAVE READ THIS APPLICATION CAREFULLY AND CERTIFY THAT THE INFORMATION I HAVE GIVEN IS CORRECT AND COMPLETE.

Volunteer Signature Date

WAIVER

Macon County Care Network is a nonprofit organization serving local residents during times of crisis. Since CareNet relies heavily on volunteers, I understand that CareNet will do all in their power to protect my well-being. Therefore, in case of an accident, I waive CareNet of any responsibility for medical expenses or damages due to job related injuries/incidents.

Volunteer (Print) Volunteer Signature

Date

STATEMENT OF CONFIDENTIALITY

As a volunteer of Macon County Care Network, I understand that I will be in contact with extensive amounts of confidential information on a daily basis. I hereby acknowledge that I will not share directly or indirectly any client or employee/volunteer information of any sort with any other person without the expressed permission of my supervisor. Client and employee/volunteer information includes types of services, account information, personal financial information, salary information, leave schedules, position changes, or any other protected information. Moreover, information concerning the operations of Macon County Care Network is also considered confidential.

If the above policy is violated, I understand that I may be dismissed on first offense without probation.

I have read and understand all statements as written above.

Volunteer Name (Print)

Volunteer Signature

Date

CONFLICT OF INTEREST STATEMENT

I shall not take any action to influence the conduct of the corporation so as to confer financial/benefit upon myself, an entity, or undertaking in which I have an interest or affiliation. If an issue arises in which I may obtain benefit, I must disclose the potential conflict fully. The Board may, in their discretion, require that I leave the room during all or any portion of the determination whether a conflict exists. If it is determined that a conflict exists, which shall be determined by majority vote of the Board unless a higher vote is required by statute or by these Bylaws, the Board may by resolution adopt such additional policies and requirements pertaining to conflicts of interest as it sees fit.

Volunteer Name (Print)

Volunteer Signature

Date

STAFF/VOLUNTEER DRESS CODE

Modest attire is recommended when working for this organization since it does reflect a Christian Ministry.

- No Tank tops/Halters
- No Open toe shoes
- No Short Skirts
- No Short Shorts

DOCUMENT RETENTION POLICY

Due to legal requirements and ownership of property, it is illegal to remove or destroy any documents or property of Macon County Care Network/CareNet Thrift Store. The recommended standard legal Document Retention Procedures guideline is to be followed and maintained according to lawful requirements. Violation of this policy could result in dismissal or prosecution.

Information maintained/contained in a client's file is the property of CareNet, not the client's. No file is to be removed from the premises by a client, staff, or board member. Violation of this policy could result in dismissal or prosecution.

Removal of items/merchandise

Management is to be notified upon removal/return of items or merchandise at the main office/thrift store.

WHISTLEBLOWER POLICY

If any employee/volunteer reasonably believes that some policy, practice, or activity of Macon County Care Network is in violation of law, or a clear mandate or public policy, a written complaint must be filed by that employee/volunteer with the Executive Director/CEO or the Board Chair. See **Incident Report**.

Macon County Care Network will not retaliate against an employee/volunteer who, in good faith, has made a protest or raised a complaint against some practice of Macon County Care Network, or of an employee/volunteer of Macon County Care Network, or of another individual or entity with whom Macon County Care Network has a business relationship, on the basis of a reasonable belief that the practice is in violation of law, or a clear mandate or public policy.

Macon County Care Network also will not retaliate against any employee/volunteer who discloses or threatens to disclose to a supervisor or a public body, any activity, policy, or practice of Macon County Care Network that the employee/volunteer reasonably believes is in violation, of a law, or a rule or regulation mandated pursuant to law or is in violation, of a clear mandate or public policy concerning the health, safety, welfare, or protection of the environment.

An employee/volunteer is protected from retaliation only if he or she brings the alleged unlawful activity, policy, or practice to the attention of Macon County Care Network and provides Macon County Care Network with a reasonable opportunity to investigate and correct the alleged unlawful activity.

I have read and understand this policy.

Volunteer Signature

Date