



*Hope & Help for Single Pregnant Women*

## VOLUNTEER APPLICATION

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First Name

Middle Name

Last Name

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Address

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City

State

Zip Code

( )

Home Phone Number

( )

Cell Phone Number

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Email Address

**Please indicate your area of interest:**

Prayer Team  
Counseling  
Bible Study  
Mentoring  
Parenting Education  
Childbirth Education  
CPR Certification  
GED Tutoring

Budgeting Classes  
Teaching to Drive  
Doula  
Lactation Assistance  
Houseparent Relief  
Assisting with Transportation  
Organizing Donations  
Clerical/Office Assistance

Fundraising/Benefit Worker  
Arts and Crafts  
Nutritional Education  
Hair Stylist  
Photography  
Resume Writing  
Other:

**How did you hear about Mercy House?**

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**What led you to want to volunteer with us?**

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**Please describe briefly how you came to know the Lord including your testimony of faith:**

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**What is your current church affiliation and background?**

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**Please provide a pastoral reference:**

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Name	Church	Phone Number
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**Please provide two professional and/or personal references:**

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Name	Phone Number	Email Address
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Name	Phone Number	Email Address
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# Mercy House Ministries

## Staff and Volunteer Confidentiality Statement and Agreement

All staff and volunteers who have access to personal information have responsibility by which they are bound to the client, Mercy House Ministries and all its agencies, the community and themselves. The agency's clients act in good faith, expecting that all their circumstances and personal matters will remain confidential. Thus, we are obligated both by law and by ethics to honor this trust.

Though not all inclusive, the following is presented to provide some guidelines concerning the matter of confidentiality. The "Agency" refers to Mercy House Ministries and all of its agencies. The "client" is any person who is served by Mercy House or any of its Agencies.

1. No identifying information about the Agency's clients (names, addresses, social security numbers, physical disabilities, medical information, etc) should be revealed to anyone outside the agency and only to those in the Agency to whom the information is necessary for the welfare of the client.
2. Discussing personal circumstances concerning a client, even though names, addresses or social security numbers are not revealed, is also considered a breach of confidentiality. That is, a volunteer might possibly describe in detail personal circumstances and information concerning a client for whom they have provided services, and even though the name and address is not revealed, this descriptive material may jeopardize the client's right to privacy. Thus, the discussion or description of a client's personal information or circumstances is considered detrimental to the client's right to confidentiality.
3. The fact that a case has been made public through the news media does not alter the fact that the individual still has confidentiality privileges within Mercy House and all of its agencies. Thus, in these situations, confidentiality should still be maintained.

**The named participant below (volunteer and/or staff) agrees to defend, indemnify and hold harmless Mercy House for any demands, claims, lawsuits arising out of or due to the disclosure of confidential information gathered during the course of service for Mercy House. THIS INDEMNITY OBLIGATION INCLUDES INDEMNITY FOR THE NEGLIGENCE, STRICT LIABILITY, AND/OR FAULT OF MERCY HOUSE**

According to the guidelines outlined above, I \_\_\_\_\_ agree to respect and maintain the confidentiality of all information obtained during my employment or volunteer period with Mercy House Ministries.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Mercy House Ministries  
PO Box 236  
Colleyville, TX 76034

Confidential

## Background Check Authorization

Print Name: \_\_\_\_\_  
(First) (Middle) (Last)

Former Name(s) and Dates Used: \_\_\_\_\_

Current Address Since: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: \_\_\_\_\_  
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Drivers License Number/State: \_\_\_\_\_

The information contained in this application is correct to the best of my knowledge. I hereby authorize **Mercy House** and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to **Mercy House** or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

**\*\*Mercy House** and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Notice to California, Minnesota and Oklahoma Residents:**

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.

MERCY HOUSE  
VOLUNTEER DRIVING AGREEMENT

I, \_\_\_\_\_ (volunteer) have provided Mercy House with a copy of my driver's license and current insurance. While I am transporting Mercy House clients, I agree to refrain from using my cell phone for phone calls or texting. I also agree to ensure that all passengers in my car are properly buckled into their seats.

If any serious incident occurs while I am transporting a Mercy House client, I will report it to Mercy House staff immediately.

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mercy House Staff

\_\_\_\_\_  
Date

*For Office Use Only*

- Background Check Release
- Background Check run and clean
- Driver's License
- Current Insurance
- Recorded date to get updated insurance information
- Confidentiality Policy
- Volunteer Application
- Driving Agreement signed

Volunteer approved to drive clients? Yes / No

If no, why not? \_\_\_\_\_

\_\_\_\_\_

Mercy House

## VOLUNTEER GIFT POLICY

We appreciate and cherish each and every thing you do for Mercy House and our clients. Your time, love, energy, and effort mean so much and are more than enough. As a volunteer you are under no obligation from Mercy House, the clients, or the staff, to spend any of your personal finances or resources. However, Mercy House will reimburse you for gas mileage, at the current IRS volunteer rate, while transporting a client on Mercy House business or appointments.

One of the requirements of the Mercy House program is that each client is to complete our birthing/parenting curriculum, which rewards them, upon completion of each section, with gifts and various baby items. This is a major component of our program, and one of the many motivational/teaching tools that we use. Although purchasing gifts, throwing showers, "treating clients", etc... is always appreciated, we do ask that you discuss this with the houseparent prior to mentioning any gifts or showers to the client, to ensure the continued effectiveness of this program and its reward structure.

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Volunteer

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Date