

Inter Parish Ministry Volunteer Application

Name _____ Date _____

Street Address _____

City, State, & Zip Code _____

County _____ Date of Birth (Mo/Day) _____ Gender ___M ___F

Home Phone _____ Email _____

Work Phone _____

Disability ___No ___ Yes (please specify accommodation, if needed):

Employer _____

Occupation _____

Church Affiliation (if applicable) _____

How did you hear about our agency? _____

Previous Volunteer Experience _____

Personal Hobbies/Interests _____

Personal References (other than relatives)

Name _____ Phone _____ Relationship _____

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Inter Parish Ministry Programs for which you would like to volunteer:

___ Food Pantry ___ Clothing Pantry ___ Elder Ministry ___ IT/Computer/Website

___ Office Help ___ Benefit Bank ___ Special Events/Fundraising

___ Holiday Programs ___ Other (please specify): _____

Availability (specify desired days and times) _____

Emergency Contact Name _____ Phone _____

Relationship _____

In applying for volunteer service with Inter Parish Ministry, I certify that the above information is correct and accurate. I agree to hold confidential all information that I may hear or read concerning IPM clients, other agency volunteers, and staff. IPM has permission to contact my references as listed above.

Signature of Volunteer _____

Inter Parish Ministry Code of Ethics for Volunteers

- I agree to abide by all agency and program policies.
- I agree to be a positive representative of Inter Parish Ministry at all times. This includes maintaining a cooperative, courteous and respectful attitude while participating in Agency activities.
- I understand the importance of confidentiality with respect to the people served by our organization and their families, as well as fellow volunteers and staff. I understand that if I breach this contract of confidentiality, I will no longer be able to volunteer with the organization.
- I believe that my attitude toward volunteer work should be professional. I understand that as a volunteer, I am expected to be dependable and reliable. Should any problems arise, I will notify the proper staff person of any changes in my schedule as soon as possible.
- As a volunteer, I realize I am subject to a code of ethics similar to that which binds the professionals in the field in which I work. Like them, I assume certain responsibilities and expect to be accountable for what I do.

Being eager to contribute all that I can to human betterment, I accept this Code of Ethics for Volunteers as my code to be followed carefully and cheerfully.

Signature – Volunteer

Date

Signature – Volunteer Coordinator

Date

IPM is grateful for your time and commitment to our mission. We look forward to working with you. Any questions, please contact Claire Long at claire@interparish.org or (513) 561-3932.