

# Inter Parish Ministry Volunteer Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, & Zip Code \_\_\_\_\_ County \_\_\_\_\_

Date of Birth (Mo/Day) \_\_\_\_\_ Gender  M  F Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Disability  No  Yes (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 \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

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

Food Pantry  Clothing Pantry  Elder Ministry  IT/Computer/Website

Office Help  Holiday Programs  Special Events/Fundraising  Mobile Pantries

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** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please read the Code of Ethics on the back of this form and sign it.**

-----Office Use Only-----5/14

View/tour \_\_\_\_\_ Shadow \_\_\_\_\_ Orientation \_\_\_\_\_ Entry \_\_\_\_\_ Tag \_\_\_\_\_

Notes \_\_\_\_\_

# 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.
  - I understand that as a volunteer, I am representing your agency and will dress in an appropriate, modest and professional manner.
  - 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.

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Additionally, as a volunteer, I agree and understand that I freely assume all risks, hazards and losses which may befall me in connection with my time at Inter Parish Ministry. I agree not to hold Inter Parish Ministry, its agents, employees or volunteers liable for risk, hazard, injury, illness, property damage and/or loss which may occur.

\_\_\_\_\_  
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 Carol Rountree at [carol@interparish.org](mailto:carol@interparish.org) or (513) 561-3932.