



**Huntington
City Mission**

— WHERE HOPE BEGINS —

Group Volunteer Application

Please return the application to:
Fax: 304-523-0342, Email: jdowell@hcmwv.org

Please allow 2-3 business days for application process.

Date _____

Type of Group (please circle) Youth Adult College Other: _____

Group Name _____

Group Address _____
(Street) (City) (State) (Zip)

Group Leader's Name _____

Contact Number: _____ Email address: _____

How did you hear about the Mission? _____

Has this group volunteered with HCM before? (Circle one) Yes No If yes, what department? _____

In which department of the mission would you like to volunteer? Or do you have a program /activity you would like to host?

We are available: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun.
___ Mornings ___ Afternoons ___ Evenings Any specific hours/days? _____

Group size (be as accurate and honest as possible) _____

How many males? _____ How many females? _____ Approximate age range _____

We understand that as volunteers we are subject to the policies of the Huntington City Mission. General policies include, but are not limited to: Confidentiality of Guest Information, Drug Free Workplace, and Dress Code. We also understand that as volunteers, we are not due any compensation for labor, but are expected to act in a professional manner and behave respectfully towards other volunteers, staff and guests of the Huntington City Mission. We hereby release Huntington City Mission, its Board of Directors, employees and other volunteers workers from any and liability that might arise by virtue of all personal injury, property damage or other damage that might result from the use of said facility.

Group Leader's Signature

Date

Office use only: Reviewed by: _____ Date: _____

HUNTINGTON CITY MISSION
624 10th Street
Huntington, WV 25701

GROUP CONFIDENTIALITY STATEMENT

We shall respect the privacy of the people we serve and hold in confidence all information obtained in the course of professional service whether the information is obtained through written records or daily interaction with residents and/or staff.

We will not disclose an individual's confidence to anyone unless one or more of the criteria below applies:

- As mandated by municipal, state or federal law
- To prevent a clear and immediate danger to a person or persons;
- Where we are defendants in a civil, criminal or disciplinary action arising from the contact, and;
- Where there is a waiver previously obtained in writing and then such information may be revealed only in strict accordance with the waiver.

We shall be responsible to store and dispose of professional records in a manner that maintains confidentiality. We agree to maintain rights of confidentiality and shall possess a professional attitude which upholds confidentiality towards the people we serve, including colleagues, applicants, volunteers and residents, especially during sensitive situations.

We understand that any violation of this confidentiality may be grounds for dismissal and/or civil litigation.

Group Name: _____

Group Coordinator

Signature: _____ Date _____

HCM Volunteer Coordinator Signature: _____ Date _____

MISSION STATEMENT

The Huntington City Mission is a non-profit, non-denominational Christian organization established to meet the physical, emotional, social and spiritual needs of all individuals in its care. To that end, every guest will be given the opportunity to hear and respond to the Gospel, to grow in their relationship with God, and to achieve personal goals through an individualized plan designed to aid them in achieving self-sufficiency.

By signing below, Group Coordinator is simply acknowledging they have read and are aware of mission statement.

Group Coordinator Signature: _____ Date _____

HCM Volunteer Coordinator Signature: _____ Date _____