



**Huntington
City Mission**

— WHERE HOPE BEGINS —

Individual 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 _____

Name _____

Address _____

Sex _____ D.O.B. _____ Contact Number: _____ Email: _____

Church _____ Employer/school _____

Why do you want to volunteer at Huntington City Mission? _____

I am available: ___ Mon. ___ Tues. ___ Wed. ___ Thurs. ___ Fri. ___ Sat. ___ Sun.
___ Mornings ___ Afternoons ___ Evenings Any specific hours? _____

Type of volunteering preferred: _____

Degrees/certificates _____

Tell us about your training, experiences, skills and/or hobbies that you think may be useful to the city mission.

Have you ever been convicted of a violent crime or a felony of any sort? YES or NO *if yes please provide detailed information*

1 Reference Name: _____ Phone: _____ Email: _____

2 Reference Name: _____ Phone: _____ Email: _____

I understand that as a volunteer I am 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. I also understand that as a volunteer, I am not due any compensation for my labor, but am expected to act in a professional manner and behave respectfully towards other volunteers, staff and guests of the Huntington City Mission. I hereby release Huntington City Mission, its Board of Directors, employees and other volunteer workers from any and all liability that might arise by virtue of all personal injury, property damage or other damage that might result from the use of said facility.

Applicant's Signature: _____ Date _____

If under 18: Parent or Guardian Signature: _____ Date _____

Guardian relationship: _____

Office use only: Reviewed by: _____ Date: _____

HUNTINGTON CITY MISSION
624, 10th Street
Huntington, WV 25701
(304) 523-0293

CONFIDENTIALITY STATEMENT

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

I 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 I am a defendant 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.

I shall be responsible to store and dispose of professional records in a manner that maintains confidentiality. I will not take or post client pictures/video on social media without written permission from the HCM.

I agree to maintain rights of confidentiality and shall possess a professional attitude which upholds confidentiality toward the people we serve, including colleagues, applicants, volunteers and residents, especially during sensitive situations.

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

Applicant's Name (print): _____

Applicant's Signature: _____

Date _____

HCM Volunteer Coordinator's Signature (Staff):

_____ **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, I am simply acknowledging that I have read and am aware of your mission statement.

Applicant's Signature: _____

Date _____

HCM Volunteer Coordinator's Signature (Staff):

_____ **Date** _____