



Mariners Inn Volunteer Application

Note: Copy of Identification (Drivers License or State ID) must be attached to this application to be valid. Applications will not be accepted or processed without valid photo identification.

Application Date _____
Volunteer Position Sought _____
Name _____
Date of Birth: ___/___/_____
Home Address _____
Work Phone _____ Home Phone _____
Email address _____

EDUCATION

Highest Level of Education _____

EMPLOYMENT

Current Employer, if applicable:
Position/Title _____
Dates of Employment (starting, ending) _____
Company/Employer _____
Address _____

Would you like us to keep your employer abreast of your volunteer service and achievement? No Yes

SKILLS & EXPERIENCE

Special training, skills, hobbies _____

Groups, clubs, organizational memberships _____

Please describe your prior volunteer experience (include organization names and dates of service)

What experiences have you had that may prepare you to work as a volunteer at Mariners Inn?

What do you want to gain from this volunteer experience?

Have you ever been convicted of a crime? [If yes, please explain the nature of the crime and the date of the conviction and disposition.] Conviction of a crime is not an automatic disqualification for volunteer work.

Do you have a driver's license? No Yes

Do you have car insurance? No Yes

Do you have a car available for transporting others? No Yes

REFERENCES

Please list three people who know you well and can attest to your character, skills, and dependability. Include your current or last employer.

Name/Organization	Relationship to you	Length of relationship	Phone number

I have received and reviewed a copy of Mariners Inn's Volunteer Management Policies

Signature _____ Date _____

Please read the following carefully before signing this application:

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Mariners Inn that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Mariners Inn. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Mariners Inn or my termination as a volunteer.

Signature _____ Date _____

Please circle the days that you are available and write in the time you are available underneath each indicated day.

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Desired Start Date: _____

Whether preparing food in the kitchen, serving meals to guests, planting, weeding or harvesting in the Growing Dreams garden, working in the IT or maintenance departments, helping out around the office, helping to beautify the Cass Corridor, tutoring or mentoring our gentlemen, or assisting in the Art Therapy program, volunteers provide the extra pair of hands, the warm smile and caring attitude that make Mariners Inn what it is.

If you want to volunteer at Mariners Inn, we ask you to bring three important things with you: a willingness to work hard, an open and positive attitude, and a smile. We can promise you that you will have fun giving back while learning a great deal about yourself and your fellow human beings. There are many ways you can volunteer with us. We are always looking for people with various backgrounds, talents, and skill levels.

Please select the type(s) of work you would like to do:

<input type="checkbox"/> Maintenance/Grounds	<input type="checkbox"/> Community Garden
<input type="checkbox"/> Kitchen	<input type="checkbox"/> Library
<input type="checkbox"/> Art Program	<input type="checkbox"/> Cleaning/Painting/Organizing
<input type="checkbox"/> Front Office	<input type="checkbox"/> Tutoring
<input type="checkbox"/> Special Events	<input type="checkbox"/> Computer Lab
<input type="checkbox"/> Other (please explain):	<input type="checkbox"/> Administration (filing, paperwork, etc.)

Emergency Contact Person: _____

Phone Number: _____

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

As a volunteer, I hereby release Mariners Inn, and its agents and employees, from any liability of any kind arising out of, or in any way related to, my use of the premises, the equipment, materials, or anything owned or furnished by Mariners Inn to me.

I understand that I am giving up any right to make any claim or file any lawsuit against Mariners Inn or any of its agents or employees for any injury, damage, expense, loss, or anything which I believe may be related to any injury, problem, or difficulty that I encounter during the course of recreational or volunteer activities.

This release extends to any claim which I may have based on alleged negligence of Mariners Inn or any of its agents and employees, or based upon any alleged defect or problem in any of the premises of Mariners Inn in any equipment or other items furnished to me by Mariners Inn.

I have read, understand, and agree to the terms and conditions of this Release and Waiver of Liability. I have signed this release and waiver freely and voluntarily.

SIGNATURE

DATE

WITNESS

DATE

FEDERAL RULES OF CONFIDENTIALITY

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcoholic or other drug abuser.

This prohibition extends not only to Mariners Inn Staff but to all individuals, including volunteers, who through contact with the Inn learn of the presence of clients in the program, both present and past.

Violations affect the culpable individual and also Mariners Inn as an agency and can imperil our licenser and funding.

I have read, understand, and agree to the Federal Rules of Confidentiality.

SIGNATURE

DATE

WITNESS

DATE

CONCEALED WEAPONS LAW ACKNOWLEDGMENT

Under the amended Handgun Licensure Act, which became effective July 1, 2001, an employer cannot prohibit an employee, volunteer, intern, contract labor or visitor from either applying for and receiving a concealed weapon license or carrying a concealed weapon in compliance with such a license. However, an employer can prohibit an employee from carrying a concealed weapon in the course of his or her employment with that employer.

Persons licensed to carry a concealed weapon under this law generally will be prohibited from carrying their weapons to churches, schools, or childcare centers, sports arenas, hospitals and facilities with a liquor license.

Since Mariners Inn is an inpatient treatment facility licensed by the State for substance abuse treatment, concealed weapons are prohibited in our facility. If an employee has a concealed weapon in the facility, they will be immediately terminated. If a volunteer, intern, contract laborer or visitor has a concealed weapon in the facility, they will be escorted out of the building.

I have read the Mariners Inn Concealed Weapons Law and have been given the opportunity to have questions answered. I hereby agree to follow the guidelines described above.

SIGNATURE

DATE

WITNESS

DATE

VOLUNTEER CONFIDENTIALITY AGREEMENT

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of Mariners Inn. This includes all activity associated with Mariners Inn at its main office and all outreach site locations.

All data, materials, knowledge and information generated through, originating from, or having to do with Mariners Inn or persons associated with our activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, email lists, email messages, client, staff or public information is confidential and the sole property of Mariners Inn.

This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client information, including all file information, is not to be disclosed to any third party, under any circumstances, without the consent of a Mariners Inn employee that is supervising you and the Chief Executive Officer.

Any disclosure, misuse, copying or transmitting any materials, data, or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by Mariners Inn and any applicable laws.

My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.

SIGNATURE

DATE

WITNESS

DATE

Application Completion Checklist

(Completed by volunteer)

<input type="checkbox"/>	1 Copy of valid photo I.D. (Drivers License or State ID).
<input type="checkbox"/>	Witness signatures completed.
<input type="checkbox"/>	Emergency Contact Information completed.
<input type="checkbox"/>	Read and completed all attached agreement forms.