



VOLUNTEER APPLICATION

Personal Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Preferred Method of Contact: _____

Have you ever volunteered, been employed, or applied for employment with Magdalena House?
YES NO
 If yes, please tell us when: _____

Are you acquainted with any current or past employees of Magdalena House?
If yes, please give name and relationship: _____

Are you a current or former resident of Magdalena House?
YES NO
 If yes, please tell us when: _____

Are you under the age of 18?
YES NO
 If yes, how old are you? _____

Emergency Contact: _____

***** FOR OFFICE USE ONLY *****

INCOMING VOLUNTEER CHECKLIST:
**Staff to initial when complete*

Application: _____

Waiver of Liability: _____

Background Check: _____

Contact Referrals: _____

Interview, Orientation, Tour: _____

Volunteer Placement: _____

Education

High School: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Diploma: _____

College: _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Graduate School
(if applicable): _____ Location: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Are you volunteering to fulfill a class requirement or internship? YES NO

If yes, how many hours must you complete? _____

Please list beginning and completion dates: _____

High School/University/College: _____

Area of Study: _____

Personal References

Please list two personal references who are not related to you but have known you for at least one year. Please provide a complete address and phone number for each individual listed.

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Email: _____ Phone: _____

Address: _____

Employment History

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Description of Responsibilities: _____

Dates of Employment: _____

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____

Description of Responsibilities: _____

Dates of Employment: _____

Interests

Please list some of the reasons you are interested in volunteering at Magdalena House:

Where do you feel your skills could be best utilized at this time?

Is there a particular type of volunteer assignment or volunteer duty that you prefer to do? Please check any that apply:

- Volunteering in programs working directly with adult residents
- Volunteering in programs working directly with children
- Volunteering in programs working directly with adult residents
- Volunteering in programs involving clerical and/or administrative duties with minimal interaction with clients
- Volunteering for special events or programs
- Volunteering for construction or repair work

** If you are interested in volunteering in programs working directly with residents or their children, please note that grant and service requirements compel us to require you to complete a background check.*

Availability

Please mark the days and intervals you are available to volunteer.

Daily Intervals	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings: 9am-12pm							
Afternoons: 12pm-6pm							
Evenings: 6pm-8pm							

Other

How did you learn about our volunteer program? (Please check all that apply.)

- Newspaper
- Television
- Radio
- School
- Website
- Speaker
- Friend
- Church
- Gala

What languages do you speak?

- English Spanish Other

What languages do you read and/or write?

- English Spanish Other

Are you a member of any church or religious organization that might be interested in working with Magdalena House?

- Yes No

If yes, please provide the name and contact information: _____

Information You Should Know

Magdalena House may conduct a criminal background investigation; you will be asked to grant us written permission for that part of the volunteer screening process.

All potential volunteers and mission team leaders will be expected to participate in a personal interview with the Volunteer Coordinator, except those individual mission team members of construction or repair teams.

All volunteers working directly with residents may be asked to attend training *before* volunteering.

Volunteers are required to maintain confidentiality at all times during their volunteer assignments.

Volunteers agree to support the policies and guidelines of Magdalena House

Volunteers are required to dress appropriately and respectfully for the work they will undertake, including those volunteering with residents and children.

Magdalena House may conduct a criminal background investigation; you will be asked to grant us written permission for that part of the volunteer screening process.

Volunteer Applicant's Statement

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge and agree to have any of the statements checked by the organization or its representatives. I understand that providing any false or misleading information or any omissions may disqualify me from further consideration as a volunteer and may result in my immediate removal from the Volunteer Program even if discovered at a later date.

Signature: _____ Date: _____

Donation Request

Thank you for your interest in serving the families of Magdalena House. To help cover the cost of background checks, we ask that applying volunteers make a suggested donation of \$20. A check or cash may be attached to your application. To submit a donation via credit card, please call Magdalena House (210) 561-0505.



WAIVER OF LIABILITY

Important: Each volunteer must sign the "Release and Waiver of Liability" before working on the Magdalena House site. Please complete this form and bring it with you before you begin volunteering. Read this waiver very carefully before you sign.

This Waiver of Liability (the "Waiver") executed on this _____ day of _____
in the year _____, by _____
(the "Volunteer") in favor of Magdalena House.

I, the Volunteer, desire to work as a volunteer for Magdalena House and engage in the activities related to being a volunteer for a work project.

I freely and voluntarily, without duress, execute this Waiver under the following terms:

- Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless Magdalena House and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with Magdalena House. I understand and acknowledge that this Waiver discharges Magdalena House from any liability or claim that I, the Volunteer, may have against Magdalena House with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Magdalena House work site. I also understand that Magdalena House does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death, or property damage.
- Insurance.** I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Magdalena House beyond what may be offered freely by the representative of Magdalena House in the event of such injury or medical expense.
- Medical Treatment.** I hereby release and forever discharge Magdalena House from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with Magdalena House.
- Assumption of the Risk.** I understand that my time with Magdalena House may include activities that may be hazardous to me, including but not limited to, construction activities, loading and unloading of heavy equipment and materials, and local transportation to and from the work site. I hereby expressly and specifically assume the risk of injury or harm in these activities and release Magdalena House from all liability for injury, illness, death, or property damage resulting from the activities of my time with Magdalena House.
- Photographic Release.** I grant and convey unto Magdalena House all right, title, and interest in any and all photographic images and video or audio recordings made by Magdalena House during my work for Magdalena House, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- Other.** I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Texas in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of Texas. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of the Release which shall continue to be enforceable.

Volunteer Name (Printed): _____

Volunteer Signature: _____

Parent or Guardian Name (Printed): _____

Parent or Guardian Signature: _____

Street Address: _____

Email: _____

Phone: _____

