



Working together to build a stronger, kinder and more just community

STONEGATE MINISTRY - PROGRAMS

VOLUNTEER APPLICATION FORM

ALL INFORMATION COLLECTED IS FOR THE SOLE USE OF STONEGATE MINISTRY. ALL INFORMATION OBTAINED IS HELD STRICTLY CONFIDENTIAL AND WILL NOT BE SHARED WITH OTHER AGENCIES OR ORGANIZATIONS. PLEASE COMPLETE THE FORM IN FULL AND RETURN TO STONEGATE MINISTRY. PLEASE NOTE: STONEGATE MINISTRY IS NOT RESPONSIBLE FOR ANY LOST OR STOLEN PERSONAL ITEMS.

Name:

Last

First

Address:

Street

Suite No.

City

Province

Postal code

Telephone Numbers:

Home: _____ Work: _____ Cell: _____

Email: _____

Birthday: _____

1. Why are you interested in volunteering for Stonegate Ministry programs?

2. What skills or work/volunteer experience do you have that you think might be useful?



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3. Languages other than English: _____

Spoken: _____ Read: _____

References

1. Name: _____

Phone Number: _____ Relationship: _____

Email: _____

2. Name: _____

Phone Number: _____ Relationship: _____

Email: _____

Our core values:

The well-being of the individual.

We will endeavor to treat each person with kindness and respect, and will strive to help those in need to get the basics of safety, food and shelter while providing spiritual and emotional support.

Building a healthy community.

We will actively work to reduce isolation and loneliness and provide opportunities to build healthy relationships.

Christian witness.

We will endeavor at all times to be a visible and articulate Christian witness to those around us.

Stewardship.

We are committed to effective use of our resources at every level of the organization while striving for excellence.

Signature: _____

Date: _____



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Confidentiality Agreement

I acknowledge and understand that it is my duty, as a volunteer of Stonegate Ministry, to uphold the rights and confidentiality of all information I gain from Stonegate Ministry. This includes, but is not limited to, information regarding clients, other staff members, administrative operations and any other information accessed through agency records. By reviewing and signing the attached policy, I understand and agree to the following:

Photo Permission

I, _____, hereby grant Stonegate Ministry the right and permission to use any photographs or video that Stonegate Ministry has taken of me for any purpose and in any and all media now or in the future. I hereby grant to Stonegate Ministry the right and permission to use my name in connection with the photographs if Stonegate Ministry so chooses.

I hereby release and discharge Stonegate Ministry from any and all claims and demands arising out of or in connection with the use of the photographs or videos.

I am of full age and have the right to contract in my own name. I have read the above and fully understand the contents. This release shall be binding upon me and my heirs and legal representatives.

I have read and agree to the above information and assert that all information provided is true,

Name _____

Signature _____

Date _____

Office Use:

References Contacted: _____

Date started: _____ Position: _____

Notes: