

Victoria Christian Assistance Ministry

VOLUNTEER APPLICATION

We are very happy you are interested in being a part of VCAM, our regular hours are Monday-Friday, 9:00 am.-12:00 pm (noon). Opportunities outside those times may be available from time to time.

Today's Date: _____

Name: _____ Birthdate (Mo/Day): _____

Address: _____

City: _____ Zip Code: _____

Phone #: _____

Church Affiliation: _____

In Case of Emergency, please contact:

Name: _____ Phone #: _____

Relationship: _____

Current Occupation: _____

Hobbies, Special Skills, and Interests: _____

Do you have previous volunteer experience? Yes No

How did you hear about VCAM?

Friend/Family Volunteer Church Agency Other

Days Available:

Monday Time: _____

Tuesday Time: _____

Wednesday Time: _____

Thursday Time: _____

Friday Time: _____

Areas you are Interested in helping with:

Client Intake (clerical) Food Sorting

Data Entry Commercial Food/
Supply Pick-up

Mail Outs Home Food Delivery

Cleaning Yard Work

Other: _____

Are you willing to help during fundraisers or special events? Yes No

To submit, download and email this form to victoria.vcam@gmail.com

**Volunteers are important to us, and we hope your experience with us will be a positive and meaningful one.
Without volunteers, VCAM could not exist.**

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Confidentiality Statement

As a volunteer of VCAM, I hereby offer my voluntary involvement with Victoria Christian Assistance Ministry.

I understand that during the course of my association with VCAM I may learn certain facts about individuals being served by VCAM which are of a highly personal and confidential nature. I understand that all such information must be treated as completely confidential. I agree not to disclose names or information, including whether or not a person is receiving services at VCAM to any person who does not have a need to know, or unless I have been advised by the appropriate authority that a person is authorized to know. Additionally, any such information released will be released only with the informed consent of the client, accompanied by a signed release of information from VCAM.

This pledge will survive my involvement with VCAM and I will recognize that a violation of confidentiality at any time will result in my immediate termination as a Volunteer.

I also understand that such a violation of confidentiality may lead to a legal action against me personally, as well as a fine not to exceed the maximum amount allowed by current law of the State of Texas at the time such a violation occurred. I also agree that in the event any such injunction be deemed necessary, I may also be held liable for any attorneys' fees incurred by Victoria Christian Assistance Ministry.

Sign Here ➡ _____
Date

Signature

Indemnification

I agree to release, indemnify and hold harmless, Victoria Christian Assistance Ministry and its agents, volunteers, employees and insurers from and against any and all lawsuits, actions, causes of action, and / or claims of any character, type and / or property, rising out or in any way attributable directly or indirectly with my services as a volunteer with Victoria Christian Assistance Ministry.

I also agree that I will wear appropriate clothing and shoes while volunteering at Victoria Christian Assistance Ministry and understand that not to do this could cause injury to me, for which I would be totally responsible.

Sign Here ➡ _____
Date

Signature

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