



## ONE-TIME VOLUNTEER INFORMATION

*The information in this application is strictly confidential, and will be used only in the management of NBM and its programs.*

Name/Nickname:							
Work Phone:		Work E-mail:					
Home Address:		City:		State:		Zip:	
Home Phone:		Cell Phone:		Home E-mail:			
Current Company/Employer/Organization							

<b>Emergency Contact:</b>	Name:						
	Address:						
	Phone/Cell:						

Do you have any medical or physical limitations?     Yes         No  
Please explain:

***Please read the following carefully before signing this agreement:***

*I understand that this is an agreement for, and not a commitment or promise of, a volunteer opportunity.*

*I certify that I have and will provide information throughout the volunteer process, including on this agreement for a volunteer position and in interviews with New Bethany Ministries 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 volunteer commitment to New Bethany Ministries. I understand that information contained on this agreement will be verified by New Bethany Ministries. I understand that misrepresentations or omissions may be cause for my termination as a volunteer.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## VOLUNTEER AGREEMENT

I, \_\_\_\_\_, enter this agreement to serve as a volunteer with New Bethany Ministries (NBM). I agree to fulfill my volunteer responsibilities as outlined by the program director or my immediate supervisor to the best of my ability. I agree to abide by all NBM policies and procedures, as conveyed to me by my staff volunteer supervisor or other NBM staff.

I agree to participate in any training that is required of the position into which I am placed.

I fully understand that the services I provide NBM are to be rendered without any expectation of personal remuneration or gain of any kind, financial or otherwise.

I understand that in the course of my volunteer work I may learn the identity and other information concerning clients of NBM. *I agree not to disclose their names or any other information concerning clients of NBM, to anyone except authorized NBM staff or volunteers, and solely for the purpose of providing NBM services or conducting NBM projects in the program area to which I am assigned.*

I agree to provide considerate and respectful care for any client of NBM, without prejudice or discrimination of any kind. I agree to provide services in a non-judgmental manner, without regard to sex, sexual orientation, gender identity or expression, race, religion, physical capabilities, mental capacity, educational level, political opinion or income.

I fully understand that I am not expected to direct the decisions of any client of NBM, nor those of the client's family or significant others.

I agree to provide quality services as a NBM volunteer, and to refer client requests for services that I am not specifically trained to provide to appropriate NBM staff and volunteers as needed.

I agree to fully and accurately complete any forms and reports required of this position in a timely and accurate manner.

I agree to be receptive to constructive suggestions and supervision from my supervisor. I agree to bring any problems that may arise in the course of my volunteer service directly to my supervisor for resolution before approaching other NBM personnel.

I recognize that, as a volunteer of NBM, my role is to provide services that are in the best interest of the client(s). If a situation should arise that might cause a conflict of interest, I agree to inform my supervisor immediately.

I agree not to hold NBM, its officers, staff, volunteers, or clients liable for any injury or illness in the very unlikely event that this may result from my volunteer service to program clients.

I understand that my volunteer work is solely at the discretion of NBM, which reserves the right to end my status as a volunteer at any time for just cause.

I am at least 18 years of age and understand the terms of this agreement in its entirety.

Volunteer's Signature	Date
X	
Witness' Signature	Date
	NBM

# DISCLOSURE STATEMENT APPLICATION FOR VOLUNTEERS

Required by the Child Protective Service Law

23 Pa. C.S. Section 6344.2 (relating to volunteers having contact with children)

I swear/affirm that I am seeking a volunteer position and AM NOT required to obtain a clearance through the Federal Bureau of Investigation, as:

- The position I am applying for is unpaid, as:
- I have been a resident of Pennsylvania during de entirety of the previous ten-year period.

I swear/affirm that I have not been named as a perpetrator of a founded report of child abuse within the past five (5) years as defined by the Child Protective Services Law.

I swear/affirm that I have not been convicted of any of the following crimes under Title 18 of the Pennsylvania consolidated statutes or of offenses similar in nature to those crimes under the laws of former laws of the United States or one of its territories or possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this commonwealth.

Chapter 25	(relating to criminal homicide)
Section 2702	(relating to aggravated assault)
Section 2709	(relating to stalking)
Section 2901	(relating to kidnapping)
Section 2902	(relating to unlawful restrain)
Section 3121	(relating to rape)
Section 3122.1	(relating to statutory sexual assault)
Section 3123	(relating to involuntary deviate sexual intercourse)
Section 3124.1	(relating to sexual assault)
Section 3125	(relating to aggravated indecent assault)
Section 3126	(relating to indecent assault)
Section 3127	(relating to indecent exposure)
Section 4302	(relating to incest)
Section 4303	(relating to concealing death of a child)
Section 4304	(relating to endangering welfare of children)
Section 4305	(relating to dealing in infant children)
Section 2902(b)	(relating to prostitution and related offenses)
Section 5903(c) (d)	(relating to obscene and other sexual material performances)
Section 6301	(relating to corruption of minors)
Section 6312	(relating to sexual abuse of children), or an equivalent crime Under Federal law of the law of another state.

I have not been convicted of a felony offense under Act 64-1972 (relating to the controlled substance, drug device and cosmetic act) committed within the past five years.

I understand that I shall not be approved for service if I am named as a perpetrator of a founded report of child abuse within the past five (5) years of have been convicted of any of the crimes listed above or of offenses similar in nature to those crimes under the laws of former laws of the United States or one of its territories of possessions, another state, the District of Columbia, the Commonwealth of Puerto Rico or a foreign nation, or under a former law of this Commonwealth.

I understand that if I am arrested for or convicted of an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law as listed above, or am named as perpetrator in a founded or indicated report, I must provide the administrator or designee with written

notice not later than 72 hours after the arrest, conviction or notification that I have been listed as a perpetrator in the Statewide database.

I understand that if the person responsible for employment decisions of the administrator of a program, activity or service has a reasonable belief that I was arrested or convicted for an offense that would constitute grounds for denying participation in a program, activity or service under the Child Protective Services Law, or was named as perpetrator in a founded or indicated report, or I have provided notice as required under this section, the person responsible for employment decisions or administrator of a program, activity or service shall immediately require me to submit current clearances obtained through the Department of Human Services, the Pennsylvania State Police, and the Federal Bureau of Investigation, as appropriate. The cost of clearances shall be borne by the employing entity or program activity or service.

I understand that if I willfully fail to disclose information required above, I commit a misdemeanor of the third degree and shall be subject to discipline up to and including denial of a volunteer position.

I understand that the person responsible for employment decisions of the administrator of a program, activity or service is required to maintain a copy of my clearances.

I hereby swear/affirm that the information as set forth above is true and correct. I understand the false swearing is a misdemeanor pursuant to Section 4903 of the Crimes Code.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

## PERMISSION TO USE PHOTOGRAPHS AND/OR AUDIO-VISUAL

I, \_\_\_\_\_, give permission to New Bethany Ministries to use, reproduce, and/or publish photographs and/or video that contains my image, name, likeness and/or voice. I understand that this material may be used in various publications, press releases, fundraising materials, televised broadcasts, on the webpage, Facebook and/or other electronic and social media. It may also be used in publications, both written and online, of New Bethany Ministries' partners/donors with New Bethany Ministries' express permission.

This authorization is continuous and may only be withdrawn by my express withdrawal of my permission. Consequently, New Bethany Ministries and others designated by New Bethany Ministries, may publish materials, use my name, photograph and/or make reference to me in any manner that New Bethany Ministries, employees or third party deem appropriate in order to promote/publicize its mission or for any other lawful purpose.

I understand and agree that my photograph/audio-visual will become the property of New Bethany Ministries and will not be returned to me.

I hereby release and hold harmless New Bethany Ministries from any reasonable expectation of privacy or confidentiality associated with the images noted above. I hereby release New Bethany Ministries, its employees and any third parties involved in the creation and publication of marketing materials and other publications from liability for any claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other third parties acting on my behalf or on behalf of my estate, have or may have by reason of this authorization.

I further acknowledge that my participation is voluntary and that I will not receive financial compensation of any type associated with the taking or publication of these photographs/audio-visuals or participation in marketing materials or other New Bethany Ministries' publications, whether written or electronic.

I am at least 18 years of age and am competent to contract in my own name. I have read, or had this release read to me, and I fully understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date