



Alabaster Place, Inc. Volunteer Application

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Volunteer Name: _____ Date _____

Contact Information

First Name		Birth Date	
Last Name		Email	
Street Address		Telephone	/
City		Employer	
Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male	Occupation	

Contact Preferences

I would prefer postal mail from API	<input type="checkbox"/> Yes <input type="checkbox"/> No	I prefer to be contacted by:	<input type="checkbox"/> Phone/VM	<input type="checkbox"/> Text	<input type="checkbox"/> Email	<input type="checkbox"/> Either
I would prefer emails from API	<input type="checkbox"/> Yes <input type="checkbox"/> No					

Survivor Information

I would like to be recognized as a DV survivor	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Victory (if you would like to share)	
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Volunteer Information

Preferred Time to volunteer (check one or more)	<input type="checkbox"/> Mon. am	<input type="checkbox"/> Mon. pm	<input type="checkbox"/> Tues. am	<input type="checkbox"/> Tues. pm	<input type="checkbox"/> Wed. am	<input type="checkbox"/> Wed. pm
	<input type="checkbox"/> Thurs. am	<input type="checkbox"/> Thurs. pm	<input type="checkbox"/> Fri. am	<input type="checkbox"/> Fri. pm	<input type="checkbox"/> Sat. am/pm	<input type="checkbox"/> Sun. am/pm
If you speak a foreign language and are willing to share your skills, please indicate which language(s)						

Additional Information

Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered "Yes", please provide the following information: The date, place of the offense and charge	-----

Interests

Please indicate an (X) to confirm which volunteer opportunities are of interest to you:

DV Advocacy		Training/Seminars		Product Sales	
Program/Plng. Committee		Fundraising		Special Events--Hospitality	
Volunteer Coord./Recruit		Finance		Special Events--Greeter	
Marketing/Media		Data Entry		Special Events--Usher	
Donor Recruitment		Office/Administrative		Other (specify)	
Hospitality/Awards		Speakers Bureau			

I certify that [I have completed this volunteer application by](#) answering all the questions, including any attachments to the best of my knowledge and ability. All answers are true and correct and I have not knowingly withheld any pertinent facts, information or circumstances all of which are subject to validation. I understand that any misrepresentation, false statement, or omission made by me with respect to the information contained in this application could [disqualify me from consideration as a volunteer](#), or if selected as volunteer, could [result in the termination of my volunteer efforts](#) with Alabaster Place, Inc.

[If selected as a volunteer](#), I agree to comply with the rules and regulations of Alabaster Place, Inc. I also give my consent and permission to Alabaster Place, Inc. and its respective affiliates, successor and licensees the irrevocable right to use, for any purpose whatsoever and without compensation, any photographs, videotapes, audiotapes, or other media recordings of me that are made during the course of volunteering with Alabaster Place, Inc.

Please sign the attached Volunteer Release Form and Confidentiality Statement and mail, along with application, to Alabaster Place, Inc. P. O. Box 73, Winston-Salem, NC 27102-0073 or email to: alabasterplace@gmail.com. For additional information, Call: (336) 764-5133.



Alabaster Place, Inc. Volunteer Release Form

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Volunteer Name _____ Date _____

Emergency Contact Information:

Emergency Contact Name: _____

Relationship: _____

Phone: _____ **Email** _____

Do you have any health issues that we should be aware of? [] yes [] no If so, explain below:

I wish to volunteer for Alabaster Place, Inc. I understand that my consent to these provisions is given in consideration for being permitted to volunteer for Alabaster Place, Inc.. I understand that the nature of volunteer activities that I may perform may involve physical activity, contact with unidentified or unfamiliar persons, potential risk of bodily injury or damage to property and I hereby voluntarily assume full and complete responsibility for, and the risk of, any injury, loss or accident which may occur during my volunteer work with Alabaster Place, Inc. To the fullest extent of the law, I, my next of kin, my heirs, administrator, and executors hereby release and hold harmless and covenant not to file suit against Alabaster Place, Inc., its Affiliates, and/or (Releasees) for any injury, losses or damages I might suffer in connection with my volunteer work with Alabaster Place, Inc.

I understand that as a volunteer, I may become privy to confidential information. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about Releasee's business operations, organizational structure, employee information, financial operations, marketing strategy, organization sponsorship information, plans for upcoming events, current or proposed business transactions, and any proprietary information such as computer software and programming and the like that is not otherwise publicly disclosed. I will not use any confidential information in any manner that would be detrimental to Releasee's.

At all times during my volunteer work with Alabaster Place, Inc., I will conduct myself in such a manner as not to reflect unfavorably on or in any way diminish the reputation of Alabaster Place, Inc. and its Affiliates.

This Release shall be construed under the laws in the State of North Carolina. In the event any provision of this Release is deemed unenforceable by law, (i) The Alabaster Place, Inc. Affiliate shall have the right to modify such provision to the extent necessary to be deemed enforceable; and (ii) all other provisions of this Release shall remain in full force and effect.

I have signed this release freely and voluntarily without any inducement, assurance or guarantee being made to me. I intend my signature to be a complete and unconditional release of liability to the greatest extent allowed by law.

Printed Name of Volunteer: _____

Volunteer's Signature: _____

Parent or Guardian's Signature: _____

(If volunteer is under age 18)

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CONFIDENTIALITY STATEMENT

I _____ understand that Alabaster Place, Inc. is a training and life empowerment establishment and anything I may see, hear or read is confidential information. I understand that I am prohibited to disclose any information without the specific written consent of the person to whom it pertains.

I also understand that I am responsible for maintaining confidentiality at all times. By affixing my signature below, I confirm my willingness to accept responsibility for my role in maintaining all confidential information.

Any violation of confidentiality on my behalf will jeopardize my continuing as an affiliate/volunteer with Alabaster Place, Inc, whether a recipient receiving services, volunteer or staff member.

Signature

Date

Witness

Date