



## UNBOUND VOLUNTEER APPLICATION

Thank you for agreeing to volunteer with Unbound and wanting to be a part of our mission of walking with those living in poverty. Your effort and commitment on behalf of Unbound is truly important to our work around the globe.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Profession: \_\_\_\_\_

Employer: \_\_\_\_\_

How did you hear about Unbound? \_\_\_\_\_

\_\_\_\_\_



Congregation Affiliation: \_\_\_\_\_

Civic Group(s) Affiliation(s): \_\_\_\_\_

### Availability

Please indicate your availability by putting an x under the day/time of day you are available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Please describe your previous volunteer experience(s): \_\_\_\_\_

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### Skill Sets & Experience

Are there particular skills or talents you would like to offer while volunteering for Unbound? Please put an X next to all skill sets and experience that you would like to contribute as a volunteer:

- |                  |                    |   |
|------------------|--------------------|---|
| Accounting       | Administration     | Other (are you creative, like to organize spaces, etc.) |
| Board Governance | Education          |   |
| Data Entry       | Leadership         |   |
| Fundraising      | Finance            |   |
| Outreach         | Strategic Planning |   |
| Events           | Marketing          |   |

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## Emergency Contact Information

First name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Preferred phone: \_\_\_\_\_

Secondary phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

## Medical History

Do you have any medical conditions (physical or mental) or take any medication that would affect your ability to perform your volunteer duties, or that the Program Development Director should be aware of? If yes, please explain.

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## COVID 19 Protocols

Safety is a top priority for all Unbound staff and volunteers. COVID-19 vaccinations are not required for staff or volunteers on-site at Unbound. Masks are not required for staff or volunteers on-site at Unbound; however, feel free to wear a mask if you are so inclined. If on the day you are to volunteer you exhibit any possible signs of illness (which may include headache, cough, shortness of breath, fever, chills, muscle pain, sore throat, new loss of taste or smell), we ask that you stay home. Please contact the appropriate Unbound staff person if you are feeling ill or if something precludes you from volunteering on your assigned day.



**If you've tested positive for COVID-19**, we ask that you follow the current CDC guidelines for returning to the community and/or workplace before coming back to volunteering on-site.

### **Photo/Video Release**

By signing this application below, it provides Unbound with my consent to use my photograph and/or any video or audio recordings, and/or stories in which I am quoted for marketing or promotional purposes.

### **Confidentiality Agreement**

Except as properly authorized in writing by Unbound, it is the responsibility of all volunteers to maintain the confidentiality of non-public, proprietary information of Unbound that includes, but is not limited to, information regarding our business or operations, CASA database information, personal information pertaining to, but not limited to, our sponsors, sponsored-friends, and employees or any other entity or persons conducting business with Unbound.

Volunteers should refrain from discussing confidential Unbound information, other than their own information, with outsiders and with anyone else who does not have a legitimate need to know the information. This obligation of confidentiality shall survive even if you are no longer serving as a volunteer to Unbound.

By signing this application below, I agree to adhere to the Unbound confidentiality agreement.

Volunteer Signature: \_\_\_\_\_

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