



**Allentown Rescue Mission**  
 PO Box 748  
 355 Hamilton Street  
 Allentown, PA 18105-0748  
 Phone: 610-740-5500  
 Fax: 610-740-0646



# VOLUNTEER/COMMUNITY SERVICE FORM

Thank you for your interest in being a volunteer at the Allentown Rescue Mission!

PLEASE COMPLETE THE FOLLOWING RELEASE FORM BEFORE YOU BEGIN YOUR ACTIVITIES  
 IN OR ABOUT THE PREMISES OR ANY OTHER OFFSITE LOCATION.

PERSONAL INFORMATION				
<b>NAME:</b>		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Age: _____
<b>PHONE (S)</b>	(Home): (    ) -	(Cell):(    ) -	(Work): (    ) -	
<b>ADDRESS:</b>	<b>STREET</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP</b>
<b>E-MAIL:</b>	_____@_____			
<b>The Mission respects your privacy &amp; will NOT share or sell this information.</b>				

Current Employment Status:  Full-Time  Part-Time  Student  Retired  Unemployed

If employed, what is your occupation? \_\_\_\_\_

Are there any special circumstances that would PREVENT you from doing certain types of volunteer work?  
 Yes  No  If yes, please explain: \_\_\_\_\_

Previous or present volunteer service: \_\_\_\_\_

**Please indicate the skills and experience you would bring to your volunteer role:**

organizational skills  teaching skills  public speaking  computer skills  board experience  web site  
 other: \_\_\_\_\_

**What are you reasons for volunteering?**

for academic credit  community service requirement  for social interaction  to gain employment skills   
 to share my skills  to stay active  to support the cause  other: \_\_\_\_\_

If this is to fulfill a Community Service Requirement, please give us the name and phone number of the person we can contact to confirm why you are required to do Community Service:  
 \_\_\_\_\_

**Please specify the days of the week and hours you are available.**

**Monday** \_\_\_\_\_ to \_\_\_\_\_  
**Tuesday** \_\_\_\_\_ to \_\_\_\_\_  
**Wednesday** \_\_\_\_\_ to \_\_\_\_\_  
**Thursday** \_\_\_\_\_ to \_\_\_\_\_  
**Friday** \_\_\_\_\_ to \_\_\_\_\_  
**Saturday** \_\_\_\_\_ to \_\_\_\_\_

# ACKNOWLEDGEMENT OF CONFIDENTIALITY

The Allentown Rescue Mission (ARM) needs to maintain the privacy and confidentiality of its clients.

By signing this form, I acknowledge that I:

- Understand that for the duration of my visit/assignment at the Allentown Rescue Mission I may have access to client information that is considered confidential, both legally and ethically.
- Understand that the confidentiality of alcohol and drug abuse client records maintained by this program is protected by Federal and State law and regulations which are listed below. I further understand that violation of these laws is a crime that is punishable by a fine.
- Understand that the Allentown Rescue Mission has policies and procedures consistent with these laws, which outline authorized and unauthorized disclosure of information and any questions about compliance with these policies and procedures should be referred to a supervisor or the Client Services department.
- Shall hold confidential all information covered by these laws and shall not disclose information in an unauthorized manner with any persons outside of the Allentown Rescue Mission. This information may be verbal, written, or included in audio/visual materials. I understand that all outside inquires about a client must be referred to the Client Services Department, without any acknowledgment that an individual is or is not a client.
- Shall respect the legal and moral right to privacy to each client and staff member.

By my signature, I acknowledge that I have carefully read and agree to comply with these regulations adopted by the Allentown Rescue Mission and in protection of this right to privacy.

## ARM RELEASE/WAIVER

I acknowledge there are certain inherent risks serving as a volunteer, including but not limited to physical injury and death. I acknowledge that all risks cannot be prevented and I assume those beyond the control of ALLENTOWN RESCUE MISSION (ARM) faculty and staff. I represent that I am physically able, with or without accommodation, to participate in volunteer service, and that I am able to use the equipment and/or supplies described. In consideration of being permitted to volunteer at ARM, I voluntarily and knowingly execute this document and **expressly waive any and all rights, claims or causes of action, including, without limitation, those involving bodily injury or property damage or loss**, while volunteering at the ARM, whether or not caused by the negligence of the ARM, its officers, directors, clients or employees.

Should I require emergency medical treatment as a result of accident or illness arising during volunteer work, **I consent to such treatment**. I acknowledge that ARM does not provide health and accident insurance for volunteers and I agree to be financially responsible for any medical bills incurred as a result of emergency medical treatment. I will notify ARM staff or representative project leader at my volunteer site in writing if I have medical conditions about which emergency medical personnel should be informed.

BY SIGNING, YOU ACKNOWLEDGE THAT YOU HAVE READ AND FULLY UNDERSTAND THE RELEASE/WAIVER AND FULLY UNDERSTAND THAT YOU HAVE GIVEN UP CERTAIN RIGHTS BY SIGNING THIS WAIVER VOLUNTARILY.

Volunteer Name (print) \_\_\_\_\_ Date: \_\_\_\_\_

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

## Emergency Contact:

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

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_ Work: \_\_\_\_\_

Check here to receive additional information about the Mission and its programs.