

Date:						
Name:						
(Last)	(First)	(Middle)	(Any other names you have be	een known by e.g maid		
Current Address an	d Previous for the Last	5 Years: (use additio	nal paper if needed)			
(Street Address)		(City)	(State)	(ZIP Code)		
(Street Address)		(City)	(State)	(ZIP Code)		
(Street Address)		(City)	(State)	(ZIP Code)		
Home Phone: ()Work Ph	one:()	_ Cell Phone:()_			
Email Address						
Best way to contact	o contact youDate of Birth					
Are You A Student?	Y □Yes □No W	hat grade are you cu	rrently in?			
Name of School						
Education (Highest	Level Completed):	Licenses/C	linical Certification?			
Other then English,	what languages do you	ı speak?				
Do You Have Your	Own Transportation?	□Yes □No				
Spouse/Partner's N	ame:					
Name of Someone Phone: (In Case Of Emergency:					
Have You Done Vo	lunteer Work At Anothe	er Nonprofit Organiz	ation? □Yes □No			
If So. Where?						

What Type of Work Would Yo	u Like To Do Here?			
☐ Transportation	☐ Safer-Sex Kit Production	☐ Zack's Kitchen		
☐ Clinic Tasks	☐ Gifts of Grace Program	☐ Fundraising Volunteer		
□ Prevention	□ Events	☐ Memorial Garden		
☐ Board Member	☐ Office Work	☐Maintenance Work		
When Would You Be Available	e? Check Days and List times			
☐ Monday	☐ Tuesday	Wednesday		
☐ Thursday	☐ Friday	☐ Saturday		
□ Sunday				
Tell us why you want to volun	teer at Matthew 25 AIDS Service	es, Inc.:		
Present or Previous Employer:				
(Employer)	(Duties)			
(Employer)	(Duties)			
Business Phone: ()	Can we contact y	rou at this number? ☐ Yes ☐ No		
Dl 1:4 d		1		
Please list three references wh	o are not family members, include	de phone numbers and addresses.		
(Name) (Address)	(Phone)		
(Name) ((Address)			
(Name) (Address)	(Phone)		
	,	` ,		
Social Security #:	Driver's License #: _			
Have you ever been charged w	rith a misdemeanor or felony?]Yes □No		
If so what is the nature of the o	offense?			
I verify that all information on	this application is true and that	I did not withhold any information		
give permission for Matthew 2	5 to run a check on my backgroi	und for any criminal charges.		
		1 1		
(Signature)		(Data)		



CONFIDENTIALITY AGREEMENT

NO INFORMATION, IN ANY FORM, RECEIVED IN YOUR CAPACITY AS A MATTHEW 25 STAFF MEMBER, BOARD MEMBER, ADVISORY BOARD MEMBER, CLIENT OR VOLUNTEER SHALL BE SHARED OUTSIDE MATTHEW 25 PROGRAMS.

When a person seeks information or other services on behalf of Matthew 25 staff members, client or volunteers, whether over the telephone, by correspondence or in person, Matthew 25 recognizes that a certain amount of personal information may be exchanged.

It is important that any and all information be treated as confidential, including information contained in the form of lists, messages and files. Matthew 25 recognizes that persons seeking information are placing their trust among us to keep even their inquiries confidential.

No information that could lead to the discovery by outsiders of a client's identity or health status, including that of Matthew 25 staff members, clients and volunteers, shall be shared with any person who does not work for Matthew 25 in some capacity, with the following exceptions:

- 1. Emergencies in which there is a request for information from government authorities, hospital employees or other professional helping agencies.
- 2. Only requests for information in emergency situations that involve life threatening or emotional crisis situations shall be the basis to consider the release or otherwise confidential information
- 3. A signed release of information from the client entitles Matthew 25 staff and volunteers to exchange information with identified parities listed on the release form.

I certify that I have read the above policy and that I understand the confidential nature of any information I received in my capacity as staff member, Board member, Advisory Board member, client or volunteer, and that I do hereby promise to abide by this policy. I further understand that I may be dismissed for revealing such information, and the person whose trust is violated by my disclosure may subject both Matthew 25 and myself to the tort of outrageous conduct and legal action. I understand that Matthew 25 and I may be legally liable for such actions.

	□Student	□Volunteer	□Support Group	☐Other (please specify)	
Printed Na	ame			Date	
Signature				Date	
Witness				Date	

revised 3/17/09