

VOLUNTEER INFORMATION



Building community, strengthening lives.

Family Promise of Hunterdon County, Inc.
10 East Main Street, Flemington, NJ 08822
908-782-2490 or Fax# 908-782-4685
jerilyn@familypromisehc.org

Name: Address:	Phone Number Home: Cell: Work:
Email:	

Name and Address of Employer: Position:	If Student, Name and Address of School: Age and Grade: Parent(s) Names and Phone Number: 1. 2.
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How did you hear about us?

Check off areas of volunteering that you are interested in:

- | | |
|--|--|
| ___ Provide hospitality at host congregation | ___ Provide a meal to the host site |
| ___ Work on fundraising and outreach | ___ Volunteer in Family Promise office |
| ___ Help with marketing/PR/Design | ___ Other (please detail) |

Anything else you would like us to know about you?

VOLUNTEER AGREEMENT

As a volunteer, I agree to the following terms and conditions:

Liability Release:

I, _____, understand and agree that neither Family Promise of Hunterdon County, nor any employee or volunteer associated with the agency is responsible for accidents, illness or injuries that may be sustained by me or any member of my family during my volunteer assignment.

Signature

Date

Confidentiality Agreement:

I, _____, understand and agree that I will not divulge information regarding the clients to anyone that is of a personal nature, as during the course of my volunteer assignment, a client may disclose certain personal information OR the volunteer coordinator or Family Promise of Hunterdon County staff may disclose necessary information in regard to safety/health issues.

Signature

Date

Permission for Photographs:

I, _____, understand and agree that during a volunteer assignment, photographs may be taken and I give permission to use my photograph in related publications, to include newsletters, mailings, brochures, marketing materials and website.

Signature

Date