

Volunteer Impact Application

Name:				
Date of Birth:P	hone Number:			
Email address:				
Address:		City:	State: Zip:	
Community Service required by the Internship? YES NO	court? YES	NO NO		
Availability:				
Special skills, talents, or experience	that you can share w	ith Turlock Gosp	el Mission:	
Criminal Background Check Author	ization:			

All volunteer applicants are screened through a National Sex Offender list and a background check may be required.

Do you authorize Turlock Gospel Mission to run a Criminal Background Check?	YES	NO	
(Please note that an answer of "NO" will automatically disqualify you from all volunteer opportur			

Signature: ____

Volunteer or Parent/Guardian (if minor)

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Standard Rights Release:

I give Turlock Gospel Mission and its approved agencies and individuals my unrestricted permission to reproduce, distribute, and publish all interviews, photographs, and video or audio recordings taken of me while associated with Turlock Gospel Mission.

Signature: _____

_____ Date: _____

Date:

Confidentiality Agreement:

Confidentiality can be a life or death issue for some guests at Turlock Gospel Mission. No information about a Turlock Gospel Mission guest can be given verbally, in writing, or electronically to anyone else. The value of connecting and building healthy, wholesome, and Godly relationships between volunteers and guests/residents is encouraged. It is important that these relationships be developed carefully and respectfully, recognizing that many residents and guests are still vulnerable-emotionally, socially, spiritually, and physically. Because of these vulnerabilities ore often not readily visible. Do you agree to abide by Turlock Gospel Mission's Confidentiality agreement?

Signature:		Date:	
	Volunteer or Parent/Guardian (if minor)		