



MAGNOLIA COMMUNITY SERVICES, INC.
VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Magnolia Community Services, Inc. (Magnolia). We are dedicated to the safety of our clients first and foremost. All volunteer applicants, with the exception of some special event volunteers, must complete the Magnolia Volunteer Application and submit to a background check. Please note, at this time, we are unable to accommodate court-ordered community service.

Your application is not complete until all information has been provided and we have received a copy of the required documents:

- Insurance Card
- State ID or Driver's License
- Social Security Card

GENERAL INFORMATION

Last Name _____ First Name _____ Middle Name _____

Sex: Male Female Birth Date _____ Age _____ Race _____

Address _____ City, State ZIP _____

Email Address _____ Phone # _____

Social Security Number _____ Birthplace (City, State) _____

Height _____ Weight _____ Eye Color _____ Hair Color _____

Citizenship _____

Explain briefly why you would like to volunteer at Magnolia:

Volunteer Interest

- | | | |
|----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> General | <input type="checkbox"/> Bowling | <input type="checkbox"/> Social Events |
| <input type="checkbox"/> Art | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other |

Special Skills

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Helping Clients | <input type="checkbox"/> Clerical/
Office Work | <input type="checkbox"/> Computer Skills | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Facilities
Maintenance | <input type="checkbox"/> Gardening/
Landscaping | <input type="checkbox"/> Other _____ | |



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YOUTH/STUDENT VOLUNTEER INFORMATION

High School/College Name _____

Current Grade/Year 9 10 11 12 Fr. Soph. Jr. Sr.

Are these hours for required service learning? Yes No

EMERGENCY CONTACTS

Emergency Contact One

Emergency Contact Name _____ Relationship _____

Contact Phone #s Cell _____ Work _____

Home _____ Other _____

Address _____ City, State ZIP _____

Emergency Contact Two

Emergency Contact Name _____ Relationship _____

Contact Phone #s Cell _____ Work _____

Home _____ Other _____

Address _____ City, State ZIP _____

MEDICAL INFORMATION

Parent/Guardian Name _____ Parent/Guardian Phone # _____

Primary Physician _____

Primary Physician Address _____

Primary Physician Phone # _____

Health Insurance Company Name _____

Policy # _____ Group # _____

Medical Information (including chronic conditions, allergies, food allergies, etc.)



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Volunteers are required to sign in and out with the Site Manager for on campus service hour shifts, with the exception of special events, in which case they should sign in with the appropriate Magnolia employee. All volunteers are required to abide by HIPAA laws and all other local/state/federal regulations.

I certify that the facts set forth on this application are true and complete to the best of my knowledge and I agree to abide by all applicable laws and regulations. I authorize Magnolia Community Services, Inc to make any investigation of my personal history, financial and credit record through any investigative or credit agencies or bureaus of their choice. I have read, understand and, by my signature, consent to these statements.

Print Volunteer Name

Volunteer Signature

Date

Print Parent/Guardian Name

Parent/Guardian Signature
(if under 18 years of age)

Date

Please submit your completed volunteer application and required documents to:
Mary McDuff, Recreational Director
(504) 731-1339
marym@mcs-nola.org

To view current opportunities, please visit <http://www.mcs-nola.org/volunteer/>.

For Office Use Only	
Date Received _____	Received By _____
Signature _____	
Date Reviewed _____	Reviewed By _____
Signature _____	



RELEASE AUTHORIZATION

I. In connection with my volunteer application, I understand that a consumer report or an investigative consumer report may be requested that will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment. I understand that as directed by company policy and consistent with the job/volunteer service described, you may be requesting information from public and private sources about my workers' compensation injuries, driving record, court record, education credentials, credit and references.

I am willing to submit to drug testing to detect the use of illegal drugs prior to and during my volunteer tenure.

II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or other applicable state laws. According to the Fair Reporting Act, I am entitled to know if my volunteer service application is denied because of information obtained by Magnolia Community Services, Inc. from a consumer reporting agency. If so, I will be notified and given the name and address of the agency or the source which provided the information.

III. I acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and parish/county agencies.

IV. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, or insurance company contact by Magnolia Community Services, Inc. or its agent to furnish the information described in Section I.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. It is confidential and will not be used for other purposes. I hereby release the employer and agents and all persons, agencies and entities providing information or reports about me from any and all liability arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name LAST FIRST MIDDLE

Please print other names you have used

Home Address STREET CITY STATE ZIP

SOCIAL SECURITY NUMBER DATE OF BIRTH SEX RACE

DRIVER'S LICENSE/ID NUMBER STATE ISSUING LICENSE/ID

NAME AS IT APPEARS ON LICENSE

SIGNATURE DATE



Leading the way for people with developmental disabilities

Confidentiality Agreement

By signing this Confidentiality Agreement with Magnolia Community Services, Inc. (hereinafter referred to as "MCS"), you agree to adhere to the highest ethical standards and to abide by the following provisions:

1. All communications between MCS staff, volunteers and clients are confidential.
2. The staff or volunteer shall not disclose confidential information to a third party without MCS's knowledge and consent.
3. I understand that as a staff or volunteer, I have a duty to keep client information confidential throughout my term as a staff or volunteer as well as after my employment of volunteer tenure ends.
4. I understand that my failure to abide by the terms of this Confidentiality Agreement may result in the termination on my participation as a staff or volunteer at MCS.

I, _____ have read the above Confidentiality Agreement and understand its terms and my responsibilities as a volunteer.

Signature of Volunteer

Date



Leading the way for people with developmental disabilities

MAGNOLIA COMMUNITY SERVICES INC.
VOLUNTEER SERVICE AGREEMENT

This Agreement, made on [DATE] by and between Magnolia Community Services, Inc. hereinafter referred to as "MCS", and

[FULL NAME] / [SSN] hereinafter referred to as "volunteer."

WITNESSETH:

WHEREAS, volunteer intends to donate services to MCS and said charity intends to accept the donation of volunteer services. NOW THEREFORE, in consideration of the mutual promises, the parties hereto agree as follows:

- 1. Volunteer agrees to donate services to charity in the capacity of [TITLE], said services shall include, but may not be limited to, the following:

(see attached sheet, if necessary)

- 2. It is mutually and expressly understood that volunteer services shall be donated and that said volunteer is not entitled to nor expects any present or future salary, wages or other benefits/compensation for these voluntary services.

3. Volunteer agrees to follow the supervision and direction of any personnel, employee or volunteer to whom volunteer has been assigned to perform services, and to participate in any training required by MCS in order to the perform the voluntary services.
4. Volunteer agrees that he/she will not be considered to be an employee of MCS, for any purposes other than tort claims and injury compensation, while performing the above described voluntary services.
5. Volunteer further understands that if volunteer is responsible for injuries to third parties or damages to their property while acting outside the scope of assigned volunteer duties that said volunteer may be held personally liable for any monetary damages a court may award to the injured party.
6. It is further understood and agreed to by volunteer that the services rendered to MCS shall apply only in the case of liability arising out of the ordinary negligence that occurs during the scope of the volunteer's services agreed to herein, and that in no way do any of these provisions apply for the benefit of volunteer, his/her heirs, executors or administrators in any action arising out of gross negligence, willful misconduct, or any other conduct on the part of said volunteer, which cause or may give rise to criminal liability.
7. Volunteer further agrees that volunteer will fully cooperate with MCS and its agents in any investigation, lawsuit, arbitration, or any other legal or quasi-legal proceedings that arise from the matters covered by this agreement. Volunteer further agrees to notify the Volunteer Coordinator/Recreation Director at MCS immediately of any incident that occurs or may occur within the knowledge of the volunteer, which gives rise to liability on the part of the volunteer or MCS.

I understand that my volunteer assignment will begin on _____ and end on _____
[DATE] [DATE]
 _____: and that I will spend approximately _____ per Day
[DATE] [HOURS]

providing volunteer services. I also understand that my volunteer assignment may be terminated at any time by either party to this agreement.

IN CASE OF EMERGENCY, please contact: _____
[NAME] [PHONE]

Parent/Guardian Signature
(If volunteer is under 18 years of age)

Date

Volunteer Coordinator/Recreation Director

 Date

TO BE COMPLETED AT END OF VOLUNTEER'S SERVICE BY VOLUNTEER SUPERVISOR

Volunteer Time Donated Months _____ Weeks _____ Days _____ Hours _____

Signature of Volunteer _____ Termination Date _____

Name of Supervisor _____ Program _____

Signature of Supervisor _____ Date _____



BACKGROUND RESEARCH SOLUTIONS

State Police Inquiry Authorization and Release

In connection and for the duration (including contract for services) with Magnolia Community Services, Inc., I understand that I am selecting to provide requested personal information to process a background and security check as a condition for potential employment. Background Research Solutions, LLC "BRS", an authorized agency, will obtain an investigative report maintained in the files of the Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections pursuant to LA R.S. 40:1203.2. Reported information will be in compliance with subsection D(1) which states "The office or authorized agency shall provide to the employer only such information as is necessary to specify whether or not that person has been arrested for or convicted of or pled nolo contendere to any crime or crimes, the crime or crimes for which he has been arrested or convicted or to which he has pled nolo contendere, and the date or dates on which the crime or crimes occurred". Follow up investigations may be made into Louisiana parish or local court records and/or court records of another state. Further, I understand that you may request information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil, medical exclusion and other experiences as well as claims involving me in the files of insurance companies.

I hereby authorize and understand such investigation and further give permission to authorized law enforcement agencies and /or courts to release all criminal record information maintained in their files which may confirm or deny my employment eligibility. "BRS" is only disseminating information requested and is not rendering or offering opinion on employment and/or permit eligibility.

Your authorization releases Background Research Solutions, LLC, an authorized agency, any law enforcement agency and/or court contracted by the authorized agency from all damages, of whatever type or nature, including court costs and reasonable attorney fees suffered by any person, including the undersigned, while investigating my criminal history.

It is my understanding that the results of the investigation will remain confidential and that if any criminal history is found to exist, then the potential employer will allow an opportunity to correct and/or otherwise clarify such information by conducting a right to review with Louisiana Bureau of Criminal Identification and Information within the Department of Public Safety and Corrections, Office of the State Police.

I agree that any copy of this document is as valid as the original.

Print First Middle Last Name					
Maiden Name or Alias					
Date of Birth		Social Security Number			
Current Address					
City		State		Zip	
Race		Gender			
Driver's License Number		State Issued			
Applicant's Signature		Date			