Date:_____

MOSAIC FAMILY SERVICES

Volunteer Application

Last Name:_____ First Name:_____

Street Address:_____

City: _____ State: _____ Zip: _____

Primary Phone: _____ Secondary Phone: _____

Email Address: _____ Date of Birth:_____

Place of Employment: _____

Address: _____

Education Completed: **HS** College: **1 2 3 4 BA/BS MA/MS MSW JD LPC MD PHD PSYD**

Please list language(s) spoken fluently: _____

Are you receiving educational credit for your service hours? **Yes No**

If yes, total hours needed: _____ Due date: _____

School: _____

Program/Major: _____

Are seeking community services hours as a result of a court issue? **Yes No**

How did you hear about Mosaic Family Services?_____

_____

Why do you want to volunteer at Mosaic Family Services?_____

_____

Have you been convicted of any criminal offense? **Yes No**

If yes, state the nature of the crime(s), when and where convicted, and dispositions of the case:

_____

_____

Volunteer Opportunity in which you are interested:

ESL Classes	Parenting Classes	Clerical
Basic Computer Class	Children's Activities	Maintenance
Basic Banking Classes	Fundraising	Other:_____
	Special Events	

Volunteer Availability (Volunteer hours are 8 am to 8 pm, 7 days per week):

Days	**Times**
_____	_____
_____	_____
_____	_____

Volunteer Commitment: **Daily** **Weekly** **Bi-weekly** **Monthly** **One-time**

Professional References (List two adults who have known you for at least one year in a professional capacity.):

Last Name:_____ First Name:_____

Phone Number:_____ Relationship:_____

Last Name:_____ First Name:_____

Phone Number:_____ Relationship:_____

Emergency Contact (Please list someone that can be contacted in case of an emergency.):

Last Name: _____ First Name:_____

Primary Phone:_____ Secondary Phone:_____

I affirm that the above information is true and correct.

Signature: _____ Date: _____

PLEASE MAIL, FAX OR EMAIL THIS COMPLETED APPLICATION TO:

Mosaic Family Services
c/o Volunteer Coordinator
4144 North Central Expressway, Ste 530
Dallas, TX 75204
Phone: 214-821-5393 Fax: 214-821-0810 home@mosaicservices.org
www.mosaicservices.org

BACKGROUND CHECK

COMPLETED BACKGROUND CHECK FORM AND FINGERPRINTS MUST BE RECEIVED BEFORE THE APPLICANT CAN PERFORM ANY FUNCTION FOR THE AGENCY.

The volunteer will receive a blank fingerprint card. The volunteer should go to any police station to get the fingerprinting done. The closest station to the Mosaic main office is the Dallas Police Department storefront located at 4545 Bryan at the corner of Annex Street between the hours of 11 am and 1 pm, Monday through Friday. A fee of $10.00 cash will be charged. The volunteer can be reimbursed through an expense report.

Directions:

1. Take the Central Expressway service road in front of the building to Fitzhugh.
2. Turn right on Fitzhugh. Proceed to Bryan Street.
3. Turn right on Bryan Street. Proceed to Annex Avenue.
4. The storefront is at the corner of Bryan and Annex Avenue. A parking lot is available.

To search for a match in the FBI database, the completed fingerprint card will be sent to:

Texas DPS Crime Records Service
P.O. Box 15999
Austin, TX 78761-5999
512-424-2000

Mosaic Family Services, Inc.
Volunteer/Student Intern Confidentiality Agreement

Policy:

As a volunteer or student intern, I understand that Mosaic Family Services, Inc., uses and will be using confidential and proprietary information in connection with the agency's operations. "Confidential and proprietary information" includes, but is not limited to, information regarding all clients and prospective clients, their attendance, their records, and their progress toward treatment and goal attainment, financial information, personnel, operational methods, technical program and grant processes and other business affairs and methods, and other information which is not readily available to the public. This information was developed and will be developed by the agency and constitutes confidential information of the agency or its clients. To safeguard this confidential and proprietary information, the agency has instituted policies and procedures to protect such information according to any and all applicable legal and ethical standards, primarily CFR 42, part 2 of the Federal Confidentiality regulations. In connection with my volunteer relationship with the agency, I may come into contact with such confidential and proprietary information.

I understand that the confidential and proprietary information is vital to the success of the agency and I agree as follows:

1. Confidential Information

I agree that during and after my term as a volunteer or student intern with the agency:

A. I shall keep secret all confidential and proprietary information and not reveal or disclose it to anyone outside of the agency, except with the Executive Director's prior consent;

B. I shall not make use of any of such confidential and proprietary information for my own purposes or the benefit of anyone other than the agency; and
C. I shall deliver promptly to the agency, upon the termination of my volunteer/intern relationship and at anytime the agency may so request, all memoranda, notes, records and other documents (and all copies thereof, either paper or electronic) constituting or relating to such confidential and proprietary information which I may then possess.

2. Enforcement

I agree that if I commit a breach of any of the provisions of paragraph 1, the agency shall have the right to enforce this agreement in any court having equity jurisdiction. I acknowledge and agree that any such breach of this agreement by me will cause irreparable injury to the agency and that money damages will not provide an adequate remedy to the agency. In addition, the agency shall have any other rights and remedies available at law or in equity.

3. Non-Disclosure

I understand that this agreement does not and will not prevent me from working or volunteering or interning for any other employer or agency subsequent to the termination of my volunteer status with the agency as long as I do not use or disclose any such confidential and proprietary information.

AGREED TO AND ACCEPTED:

VOLUNTEER/INTERN

Signature:_____ Date:_____

AGENCY

Signature:_____ Date:_____

Drug and Alcohol Policy

I understand that I am not to come to any function connected to Mosaic Family Services or to the clients of Mosaic Family Services under the influence of drugs and/or alcohol. Failure to abide by this policy will result in immediate dismissal from all volunteer obligations.

I agree to abide by this policy and its requirements.

_____ _____

Name Date

Consent for Criminal Background History Check Authorization/Waiver/Indemnity

I hereby give my permission for Mosaic Family Services, Inc. to obtain information relating to my criminal history record through the Texas Department of Public Safety, Crime Records Service. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for an employment/volunteer position with this organization. I also understand that as long as I remain an employee or volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification if I dispute the record as received.

I, the undersigned, do for myself, my heirs, executors, and administrators, hereby remise, release and forever discharge and agree to indemnity Mosaic Family Services, Inc. and each of their officers, directors, employees, and agents harmless form and against any causes of actions, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court cost, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

I hereby authorize Mosaic Family Services, Inc. to release my fingerprint forms to the Texas Department of Public Safety, Crime Records Service; and I authorize the Texas Department of Public Safety, Crime Records Service to release the information obtained to Mosaic Family Services, Inc.

_____ _____

Applicant's Signature Date

Name_____

Address_____

_____

Phone_____ Social Security #_____

Date of Birth_____ Race_____

Sex_____