



# Tampa Angel Volunteer Application Form

All fields are required to be filled out accurately prior to becoming an Angel volunteer.  
Incomplete applications will not be accepted.

## Please Print Name, Address and Telephone Numbers:

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Apt or Suite Number: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Cell Telephone: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Spouse Name if married: \_\_\_\_\_  
Spouse's Home Phone: \_\_\_\_\_ Spouse's Business Phone: \_\_\_\_\_

## Demographic Information:

Photograph ID Presented: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Name of person to contact in case of an emergency:

First Name: \_\_\_\_\_  
Last Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_  
Telephone Numbers to call: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

## Information about your education: (Please fill in based on your current level of education.)

I have completed: \_\_\_ High School \_\_\_ Some College \_\_\_ College

If applicable, please denote what academic year you are in currently:  
\_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

I have completed or am finishing Graduate School: \_\_\_\_\_

I need volunteer hours for school/college credit: If yes, how many? \_\_\_\_\_

## Information about your employment:

Present Employer: \_\_\_\_\_  
Position: \_\_\_\_\_

**Information about your health:**

Your Primary Doctor's Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Please list the medications you will be taking while a volunteer:

\_\_\_\_\_

Is there any health reason that might limit how you can volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Please check any of the following illnesses you have had:

\_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_ Hepatitis (*if yes what type*) \_\_\_\_\_

\_\_\_\_\_ Polio \_\_\_\_\_ Tetanus \_\_\_\_\_ AIDS/HIV

Please list the shots you have received: \_\_\_\_\_

\_\_\_\_\_

**How did you hear about volunteering for Tampa Angels?**

Please check the ones that apply: \_\_\_\_\_ Craigslist \_\_\_\_\_ Tampa Angel Website

\_\_\_\_\_ Another Angel told me \_\_\_\_\_ Newspaper \_\_\_\_\_ Friend \_\_\_\_\_ School/College

\_\_\_\_\_ Other

**Information about your volunteer interests:**

Please tell us why you are interested in volunteering with Tampa Angels:

\_\_\_\_\_

\_\_\_\_\_

**Information about your interests/skills/experience and availability:**

Would you prefer to volunteer: \_\_\_\_\_ only in feeding \_\_\_\_\_ help prepare food

\_\_\_\_\_ getting donations \_\_\_\_\_ collecting items and holding garage sales.

Please list your experiences or skills that relate to the preference you checked:

\_\_\_\_\_

If you are or have worked as a volunteer with other groups, please tell us what group(s) and what you did:

\_\_\_\_\_

\_\_\_\_\_

Please circle the most appropriate day and shift that you would be available to volunteer:

**Mornings:** Monday Tuesday Wednesday Thursday Friday Saturday

**Afternoons:** Monday Tuesday Wednesday Thursday Friday Saturday  
**Evenings:** Monday Tuesday Wednesday Thursday Friday Saturday

Are you available/interested in making telephone calls to obtain support for Tampa Angels Events?  No  Yes  Morning  Afternoon  Evening  Weekend

Are you interested in assisting with special projects such as art work, mailings, or office work?  No  Yes  Morning  Afternoon  Evening  Weekend

**References:**

Please print the mailing addresses of three people we may contact who have known you for more than two years.

Local Tampa, Hillsborough County references only.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_

**Tampa Angels reserves the right to conduct state and federal background checks.**

Have you been arrested for a sexual or criminal offense?  Yes  No

Are you on any sexual predator's list?  Yes  No

If so, please provide information here: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you have been arrested for any crime, please list the date(s) and any facts and circumstances surrounding the arrest(s). Being arrested does not automatically exclude you from being an Angel. If you meet the requirements, you will be able to explain the circumstances of your arrest. If you are subsequently arrested for conducting or attempting to conduct a sexual offense during the course of your volunteer services at Tampa Angels, you agree to notify staff immediately. Failure to do so will result in termination.

Have you ever been convicted, plead no contest, or plead guilty to a felony or misdemeanor?

Yes  No

## **Volunteer Privacy Information and Release Authorization**

Please read the following carefully

### ***Application information***

I certify that all information in this application is true and complete.

I understand that any false information or omission will disqualify me from further consideration for volunteer service and may result in my dismissal, if discovered, at a later date.

### ***References***

I understand that Tampa Angels requires information from me to evaluate my qualifications to be a safe and compassionate Angel for our clients.

I authorize and release personal references, employers (past and present), and, if necessary, other applicable entities to answer questions in regards to volunteer work, employment, ability, character, medical and emotional background and, if applicable, driving history.

### ***Background investigation***

I understand, in consideration of my application, a background investigation will be conducted if I at any time do anything while volunteering that the staff believes is inappropriate and may have criminal or legal possibilities.

I understand this investigation may include, but is not limited to, a criminal background check in the files of any Federal, state or local justice agency, driving history, performance of medical examinations, drug screening or reference verification.

I authorize Tampa Angels and Jesus Messieh Church to conduct the background investigation and release and hold them harmless from any damages or responsibility for this investigation.

I understand the requested information is for the sole purpose of gathering accurate information for volunteer services for Tampa Angels at Jesus House, a compassion ministry of Jesus Messieh Church.

I have read and initialed each page of this volunteer application and understand all the above and by my signature consent to these statements. \_\_\_\_\_

\_\_\_\_\_  
**Applicant Signature**

**Date**

### **Background Checks:**

In an effort to create a safe environment for patients, visitors and employees, Tampa Angels may conduct a national, state, county, and city criminal background investigation. This investigation

may include arrests and convictions. This report if done will be kept confidential.

## **TAMPA ANGELS at JESUS HOUSE CONFIDENTIALITY ACKNOWLEDGMENT & AGREEMENT FORM**

PRINT YOUR NAME THAT YOU H AVE READ THIS FORM:

\_\_\_\_\_

During the course of your volunteer work with Tampa Angels at Jesus House and its affiliates, you may have access to information which is confidential and may not be disclosed except as permitted or required by law and in accord with Tampa Angels at Jesus House policies and procedures.

In order for Tampa Angels at Jesus House to properly care for clients and the general public and engage in successful business planning, certain information must remain confidential. Improper disclosure of confidential information to unauthorized persons can cause irreparable damage to Tampa Angels at Jesus House. Confidential information includes, but is not limited to:

Medical and certain other personal information about clients.

Medical and certain other personal information about volunteers.

Medical records of staff, volunteers, clients, and committee meetings.

Reports, policies and procedures, marketing or financial information, and other information related to the business of services of Tampa Angels at Jesus House and its affiliates which has not previously been released to the public at large by a duly authorized representative of Tampa Angels at Jesus House.

If you have any questions at any time concerning the confidentiality or disclosure of information, you should contact Tampa Angels at Jesus House 813-277-4005 and talk to Pastor Reckart.

By initialing each section and signing this Confidentiality Acknowledgment, you agree that:

1. You will only access business information for which you have a legitimate business purpose. \_\_\_\_\_
2. Medical information is confidential and your access is restricted to your legitimate medical need to know for diagnosis, treatment and care of a particular client. \_\_\_\_\_
3. You are obligated to hold confidential information in the strictest confidence and not to disclose the information to the public or any person or in any manner which is inconsistent with applicable policies and procedures of Tampa Angels at Jesus House. \_\_\_\_\_
4. All client identifiable information must be shredded or disposed of in a designated locked, confidential disposal bin. \_\_\_\_\_
5. Failure to comply with your confidentiality obligation may result not only in disciplinary action or termination as a volunteer but may subject you to criminal prosecution and other legal damages. You agree to comply fully with all Tampa Angels at Jesus House bylaws, rules and

regulations. \_\_\_\_\_

6. Impermissible disclosure of confidential information about a person may result in legal action being taken against by or on behalf of that person. \_\_\_\_\_

7. Your confidentiality obligation shall continue indefinitely, including at all times after your association with Tampa Angels at Jesus House and its affiliates has ended. \_\_\_\_\_

I HAVE READ AND UNDERSTAND THIS CONFIDENTIALITY AGREEMENT, AND HAVE HAD MY QUESTIONS FULLY ADDRESSED, AND HAVE RECEIVED A COPY FOR MY PERMANENT PERSONAL RECORDS.

Volunteer Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_