



Dear Potential Volunteer:

Thank you for your interest in volunteering at the Miami Valley Women's Center. **Please read the following instructions carefully.** These instructions pertain to the "MVWC Volunteer Application" which should be used for those who would like to volunteer in the following areas: Professional Services, Student Outreach Events, Prayer Team, Church Liaison, Maintenance, Mailing Team, Event Team, Baking Team, Cleaning/Work Crew, and Resource Volunteer.

1. Below, you will find the *Volunteer Application*. Please complete the application and return it to our Kettering office to the attention of Kim Merritt.
2. Most of our Resource Volunteers will need to complete the *Background Check Authorization* form as well. A background check must be completed by volunteers who work directly with clients or who will be working on their own in the Center. This form should be returned to the Kettering office along with your *Volunteer Application*.
3. In order to gain a better understanding of our mission, potential volunteers are encouraged to read the following Application Documents: *Moral Conduct Policy, Mission & Vision Statements, Statement of Principle, Statement of Doctrine, Statement of Faith, and Core Values*.
4. Please return all application paperwork as soon as possible. I will contact you to confirm when all paperwork is received so that you can begin to volunteer at your local center.

The volunteer positions listed above do not require volunteer orientation, but might have other requirements. However, we encourage our volunteers to take part in our orientation and training opportunities, since you would be blessed with information that supports our pro-life ministry.

Thank you for your interest and we look forward to getting to know you and have you as a part of our team.

Sincerely,

Kim Merritt

Kim Merritt
Volunteer Coordinator
2345 West Stroop Road
Dayton, OH 45439
Phone: 937.298.9998 Ext. 1108 Fax: 937.298.1644 Email: Kim.Merritt@womenscenter.org



The Miami Valley Women's Center
A Pregnancy Care Center

2345 W. Stroop Rd.
 Dayton, OH 45439
 937-298-9998
 Fax: 937-298-1644
 Volunteer@womenscenter.org

Date: _____

VOLUNTEER APPLICATION

To be used for: Professional Services, Student Outreach Events, Prayer Team, Church Liaison, Maintenance, Mailing Team, Event Team, Baking Team, Cleaning/Work Crew, and Resource Volunteers

Name: _____

Last

First

Middle Initial

Address: _____

Number & Street

City

State

Zip Code

Preferred Phone Number: _____

Email: _____

Please add me to the following MVWC correspondence lists:

- Email List Mailing List Please don't add me to any mail or email list

Are you over 18 years old? Yes _____ No _____

At which Center would you like to volunteer?

Kettering _____ Huber Heights _____ North Dayton _____ Xenia _____

In which volunteer position or project are you interested? _____

Your Occupation: _____

If you are a member of a local church, please let us know:

Church Name: _____ Denomination: _____

Are you Licensed/Bonded/Insured? Yes _____ No _____ If yes, what? _____

Check All Skills:

- Carpentry
- Electrical
- Plumbing
- Painting
- Drywall
- Flooring
- Tile Work
- Trim Work
- Clean Up
- Moving/Set Up
- Other _____

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that the facts set forth in this volunteer application are true and complete to the best of my knowledge, and I authorize the pregnancy center to verify their accuracy and to obtain reference information concerning my character and capabilities. I release the pregnancy center and any person or entity providing such reference information from any and all liability relating to the provision of such information or relating to any decisions made based upon such information.

If I become a volunteer at the pregnancy center, I agree to fully adhere to its policies and rules, including those rules relating to maintaining client, staff and donor confidentiality. I give permission to the center to conduct a criminal background check to the extent that my volunteer duties may involve direct interaction with clients. I recognize that, as a volunteer, I will serve in a different role than the employees of the pregnancy center, and I am not seeking, nor expecting to receive, any compensation or other benefits in return for any volunteer services which I may provide for this ministry.

I agree to keep in the strictest confidence any client, staff, or donor information I see or hear while volunteering at the Miami Valley Women's Center. I further agree to uphold the Center's policies relating to confidentiality, even after I am no longer a volunteer.

Signature of Applicant Date

If the applicant is a minor:

Parent/Guardian's Name (PRINTED) _____

Parent/Guardian's Signature Date

HOLD HARMLESS AGREEMENT

I understand that this release discharges THE MIAMI VALLEY WOMEN'S CENTER from any liability or claim that I, my family, or my guests may have against THE MIAMI VALLEY WOMEN'S CENTER with respect to any bodily injury, personal injury, illness, death, or property damage that may result from my or my family's activities with THE MIAMI VALLEY WOMEN'S CENTER whether caused by the negligence of those entities or its officers, directors, employees, or agents or otherwise. I also understand that THE MIAMI VALLEY WOMEN'S CENTER does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

By signing, you agree to the terms of the Hold Harmless statement above.

Signature of Applicant Date