

Volunteer Waiver and Agreement

I, the undersigned volunteer (“Volunteer”) of Faith City Mission agree and understand that the purpose of this ministry is to provide Christ-centered programs and services for the homeless and those in need. Their vision is to see every man, woman, and child served and equipped to be productive citizens who enjoy lasting success in Christ. I also understand that Faith City Mission is a Christian organization with the mission of ministering to those in need through the Gospel of Jesus Christ. I hereby agree to not share any different belief system to the guests at any Faith City facility.

I agree and understand that the guests served by Faith City Mission have many diverse needs and conditions which may include mental, spiritual, emotional, physical, and social challenges. I hereby release Faith City and its directors, staff, and agents from any and all claims, responsibility, liability, or causes of action, for any injury, loss, or damage that I may incur in connection with my volunteer activities at Faith City Mission.

I further understand that, as a volunteer of Faith City, any and all information pertaining to guests served by the ministries is strictly confidential. Due to the privacy and protection of our guests, I understand that photography and/or videography is not allowed. I also understand that I must not divulge the location of the Hope for Men, Hope for Women, or Women Residential Program (REZ) clients nor discuss the residents residing at any Faith City facility with anyone not currently employed by Faith City. I agree to hold in confidence any information about clients and donors, which comes to my knowledge during my association with Faith City Mission without prior permission from the Faith City Volunteer Coordinator.

I understand that various volunteer positions require a criminal background check(s). If required, I hereby authorize Faith City to run such background checks and also agree to provide proof of licensure or certification prior to performing any professional or skilled task. I understand that I will be notified prior to a background check being run. By signing this waiver, I certify that the information contained in this application is correct and true. If Faith City determines that any of the information submitted in this application or any other documentation provided is false, I may be immediately disqualified from consideration for volunteering and/or discharged from volunteer service.

I understand and acknowledge that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer. Upon acceptance as a volunteer, I agree to serve under the leadership, guidance, and procedures of Faith City for the duration of my volunteer service. Further, I grant Faith City, Inc. full permission to use my likeness and testimony for any legitimate purpose whatsoever.

Finally, if representing a group, I understand I am the Family/Group Representative and by signing this waiver, I am signing for all mentioned parties. I understand it is my responsibility to communicate the above mentioned standards to all group members and take responsibility for each group member’s compliance with these standards.

Volunteer Signature _____ Date _____

Faith City Mission Volunteer-Student Protocol:

We appreciate you being here to serve the Mission for the benefit for our guests, and we want you to have the most positive experience as possible. Students, on the other hand, are here for a very specific program and have established parameters. OUR HOMELESS GUESTS DO NOT. Please feel free to engage and serve our guests. They love to visit.

As a volunteer, it is likely that you will encounter our program students. They may have assigned duties in the kitchen, dining, and chapel areas. These students *will have a badge* with their first name, identifying them as a "Student."

For your safety, and the safety of our students, Faith City Mission's protocol is that **there will not be fraternization between volunteer and student. Fraternization is not tolerated.** For their protection, refrain from:

- No one-on-one conversation
- No volunteer and student should eat together
- No exchange of personal information between volunteer and student

The students should not be sharing any personal information, and likewise for the volunteers.

We would like to emphasize that your safety is our priority, as well as the protection of our students. If you feel uncomfortable or if these protocols have been breached, please notify a staff member so that it can be properly addressed.

Volunteer Signature: _____ Date: _____

MEDIA CONSENT FORM AND RELEASE FOR MINOR CHILDREN FOR
FAITH CITY MISSION, INC

I am the parent/guardian of

_____ (print full name of child) ("My Child"). I hereby grant Faith City Mission ("Mission") and their agents the absolute right and permission to use photographic portraits, pictures, digital images or videotapes of My Child, or in which My Child may be included in whole or part, or reproductions thereof in color or otherwise for any lawful purpose whatsoever, including but not limited to use in any Mission publication or on the Mission websites, or social media channels without payment or any other consideration. I hereby waive any right that I may have to inspect and/or approve the finished product or the copy that may be used in connection therewith, wherein My Child's likeness appears, or the use to which it may be applied.

I hereby release, discharge, and agree to indemnify and hold harmless the Mission and their agents from all claims, demands, and causes of action that I or My Child have or may have by reason of this authorization or use of My Child's photographic portraits, pictures, digital images or videotapes, including any liability by virtue of any blurring, distortion, alteration, optical illusion, or use in composite form, whether intentional or otherwise, that may occur or be produced in the taking of said images or videotapes, or in processing tending towards the completion of the finished product, including publication on the internet, in brochures, or any other advertisements or promotional materials.

I represent that I am at least eighteen (18) years of age and am fully competent to sign this Release.

THIS IS A RELEASE OF LEGAL RIGHTS.
READ IT CAREFULLY AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING

(Both parents, if possible)

PLEASE CHECK ONE OF THE BOXES BELOW THEN SIGN YOUR NAME(S)

- CONSENT: We /I hereby certify that We /I are /am the parent(s) or guardian(s) of the above named child and do hereby give our /my consent without reservation to the foregoing on behalf of My Child.
- NON-CONSENT: We /I hereby certify that We /I are /am the parent(s) or guardian(s) of the above named child and do not hereby give our /my consent without reservation to the foregoing on behalf of My Child.

(Mother /Guardian's Signature)

(Date)

(Mother /Guardian's Printed Name)

(Primary Phone Number)

(Father /Guardian's Signature)

(Date)

(Father /Guardian's Printed Name)

(Primary Phone Number)