

# **The Mosaic Center Volunteer Interest Form**

Please print, complete, and return to The Mosaic Center, Inc.

Name	Date of Birth		
Address	City/State/Zip	City/State/Zip	
Email Address	Occupation		
Home Phone Mobile Phone	Work Ph	none	
Church	Spouse		
Ministry Volur	nteer: Areas of Interests		
Business/Job Skills House Mom/Hospitality		e Dinner & Auction Reunion	
Time availability/estimate:Weekly How did you hear about The Mosaic Center?			
Understanding God's unconditional love for all, The Mosaic Conself-respect. The center seeks to promote and nurture an intercenter develop self-sufficiency to strengthen the family unit. parenting, mentoring, and follow-up. Volunteers of The Mosa mentoring, and serving.  FOR Return 1	egrated vision of the whole body, soul, This is achieved through education, gu	and spirit. Students of The Mosaic uidance, job and life skills Training,	

## The Mosaic Center, Inc.

#### STATEMENT OF FAITH

We believe in the Trinity; God as the Father, the Son, and the Holy Spirit, and the Bible as the Word of God. Salvation comes through grace by believing in Jesus Christ as the only begotten Son of God, our Savior and Lord. Once saved, the Holy Spirit indwells, thereby instructing, guiding, and empowering the individual to follow the mandate of Jesus Christ in daily living.

#### RELEASE OF LIABILITY (VOLUNTEER)

I, and my heirs, in consideration of my participation as a volunteer at The Mosaic Center, Inc., Lufkin, Texas, hereby release the Board of Directors of The Mosaic Center, Inc., The Mosaic Center, Inc., its officers, employees and agents, and any other people officially connected with The Mosaic Center, from any and all liability for damages to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating as a volunteer at The Mosaic Center. Specifically, I release said persons from any liability or responsibility for my physical condition, and for the presence or actions of any other participants in The Mosaic Center programs. I understand that my work at The Mosaic Center, Inc. does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur as a result of my volunteer work at The Mosaic Center.

#### **CONFIDENTIALITY NOTICE**

I do hereby swear and affirm that I will not reveal any information divulged to me by or about any student, employee or volunteer of The Mosaic Center with the exception of reporting to the Program Director or Executive Director, if needed, unless required to by law.

#### **PHOTOS & NEWS MEDIA RELATIONS**

I understand also that it is the ministry's policy not to grant interviews to the media without prior approval of the Executive Director. With respect to Center matters that are appropriate for public knowledge, it is the policy of the ministry to cooperate with news media inquiries and communicate truthfully with the media. However, no volunteer will give media interviews without prior approval of the Executive Director or appropriate Board Member of The Mosaic Center. This policy will ensure that accurate information will be given for those matters that are appropriate for public knowledge. I agree to let my photo be taken and used in any publications or promotion of The Mosaic Center. I also agree to the policy on News Media Relations.

#### **MOSAIC CENTER DRUG POLICY**

The Mosaic Center Board is firmly committed to a drug and alcohol-free workplace and program environment; therefore the unlawful use of drugs, workplace use of alcohol, or impairment resulting from drug or alcohol use, by The Mosaic Center employees, volunteers, applicants for employment or prospective participants in The Mosaic Center programs is strictly prohibited. As a condition of employment, acceptance as a volunteer or acceptance as a participant of The Mosaic Center, each employee, volunteer and participant must agree to abide by this policy, and to notify The Mosaic Center Executive Director of any criminal conviction related to drug activity within five (5) days after such conviction. The Mosaic Center may, at its discretion, conduct random drug testing.

### **BACKGROUND CHECK**

Signature

I hereby consent and authorize any reporting service or other entity to provide to The Mosaic Center or its designated representative any and all information or documentation maintained by such service regarding any criminal and/or sex offender history.

(Print) Last Name First Name Middle Name

# For Volunteers who will be transporting students:

Date

Please provide a copy of your Driver License and Insurance Card.

<u>Last 4</u> digits of your social security number: \_\_\_\_\_