



## Mariners Inn Virtual Volunteer Application

Application Date \_\_\_\_\_  
Volunteer Position Sought \_\_\_\_\_  
Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Date of Birth: \_\_\_/\_\_\_/\_\_\_\_\_

### **EDUCATION**

Highest Level of Education \_\_\_\_\_

### **EMPLOYMENT**

Current Employer, if applicable: \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Dates of Employment (starting, ending) \_\_\_\_\_  
Company/Employer \_\_\_\_\_  
Address \_\_\_\_\_

Would you like us to keep your employer abreast of your volunteer service and achievement?  
No Yes

Do you have a driver's license? No Yes

***I have received and reviewed a copy of Mariners Inn's Volunteer Management Policies***

Signature \_\_\_\_\_ Date \_\_\_\_\_

***Please read the following carefully before signing this application:***

I understand that this is an application for and not a commitment or promise of volunteer opportunity. I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with Mariners Inn that is true, correct and complete to the best of my knowledge. I certify that I have and will answer all questions to the best of my ability and that I have not and will not withhold any information that would unfavorably affect my application for a volunteer position. I understand that information contained on my application will be verified by Mariners Inn. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position with Mariners Inn or my termination as a volunteer.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please circle the days that you are available and write in the time you are available underneath each indicated day.**

Sunday   Monday   Tuesday   Wednesday   Thursday   Friday   Saturday  
\_\_\_\_\_

Start Date: \_\_\_\_\_

Whether preparing food in the kitchen, serving meals to guests, planting, weeding or harvesting in the Growing Dreams garden, working in the IT or maintenance departments, helping out around the office, helping to beautify the Cass Corridor, tutoring or mentoring our gentlemen, or assisting in the Art Therapy program, volunteers provide the extra pair of hands, the warm smile and caring attitude that make Mariners Inn what it is. If you want to volunteer at Mariners Inn, we ask you to bring three important things with you: a willingness to work hard, an open and positive attitude, and a smile. We can promise you that you will have fun giving back while learning a great deal about yourself and your fellow human beings. There are many ways you can volunteer with us. We are always looking for people with various backgrounds, talents, and skill levels.

**Emergency Contact Person:** \_\_\_\_\_

Phone Number: \_\_\_\_\_

**VOLUNTEER RELEASE AND WAIVER OF LIABILITY**

As a volunteer, I hereby release Mariners Inn, and its agents and employees, from any liability of any kind arising out of, or in any way related to, my use of the premises, the equipment, materials, or anything owned or furnished by Mariners Inn to me.

I understand that I am giving up any right to make any claim or file any lawsuit against Mariners Inn or any of its agents or employees for any injury, damage, expense, loss, or anything which I believe may be related to any injury, problem, or difficulty that I encounter during the course of recreational or volunteer activities.

This release extends to any claim which I may have based on alleged negligence of Mariners Inn or any of its agents and employees, or based upon any alleged defect or problem in any of the premises of Mariners Inn in any equipment or other items furnished to me by Mariners Inn.

I have read, understand, and agree to the terms and conditions of this Release and Waiver of Liability. I have signed this release and waiver freely and voluntarily.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**FEDERAL RULES OF CONFIDENTIALITY**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a client attends the program, or disclose any information identifying a client as an alcoholic or other drug abuser.

This prohibition extends not only to Mariners Inn Staff but to all individuals, including volunteers, who through contact with the Inn learn of the presence of clients in the program, both present and past.

Violations affect the culpable individual and also Mariners Inn as an agency and can imperil our licenser and funding.

I have read, understand, and agree to the Federal Rules of Confidentiality.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

## **CONCEALED WEAPONS LAW ACKNOWLEDGMENT**

Under the amended Handgun Licensure Act, which became effective July 1, 2001, an employer cannot prohibit an employee, volunteer, intern, contract labor or visitor from either applying for and receiving a concealed weapon license or carrying a concealed weapon in compliance with such a license. However, an employer can prohibit an employee from carrying a concealed weapon in the course of his or her employment with that employer.

Persons licensed to carry a concealed weapon under this law generally will be prohibited from carrying their weapons to churches, schools, or childcare centers, sports arenas, hospitals and facilities with a liquor license.

Since Mariners Inn is an inpatient treatment facility licensed by the State for substance abuse treatment, concealed weapons are prohibited in our facility. If an employee has a concealed weapon in the facility, they will be immediately terminated. If a volunteer, intern, contract laborer or visitor has a concealed weapon in the facility, they will be escorted out of the building.

I have read the Mariners Inn Concealed Weapons Law and have been given the opportunity to have questions answered. I hereby agree to follow the guidelines described above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

## **VOLUNTEER CONFIDENTIALITY AGREEMENT**

This agreement applies to all volunteers associated with and/or involved in the activities or affairs of Mariners Inn. This includes all activity associated with Mariners Inn at its main office and all outreach site locations.

All data, materials, knowledge and information generated through, originating from, or having to do with Mariners Inn or persons associated with our activities, including contractors, is to be considered privileged and confidential and is not to be disclosed to any third party. All pages, forms, information designs, documents, printed matter, policies and procedures, conversations, messages (received or transmitted), resources, contacts, email lists, email messages, client, staff or public information is confidential and the sole property of Mariners Inn.

This also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to hardcopy, photocopy, microform, automated and/or electronic form.

Client information, including all file information, is not to be disclosed to any third party, under any circumstances, without the consent of a Mariners Inn employee that is supervising you and the Chief Executive Officer.

Any disclosure, misuse, copying or transmitting any materials, data, or information, whether intentional or unintentional, will subject you to disciplinary action and/or prosecution, according to the procedures set by Mariners Inn and any applicable laws.

My signature signifies I agree to these terms and will abide by, adhere to and honor all of the above.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS

\_\_\_\_\_  
DATE

**Application Completion Checklist**  
(Completed by volunteer)

|  |  |
|--|--|
| <input data-bbox="240 548 326 632" type="checkbox"/>   | <b>1 Copy of valid photo I.D. (Drivers License or State ID).</b> |
| <input data-bbox="240 728 326 812" type="checkbox"/>   | <b>Witness signatures completed.</b>                             |
| <input data-bbox="240 909 326 993" type="checkbox"/>   | <b>Emergency Contact Information completed.</b>                  |
| <input data-bbox="240 1089 326 1173" type="checkbox"/> | <b>Read and completed all attached agreement forms.</b>          |