

Greater Randolph Area Services Program COURT RESTITUTION VOLUNTEER REGISTRATION

CONFIDENTIAL INFORMATION FOR INTERNAL PURPOSES

Please provide a copy of a photo ID and a Social Security Card for Identification purposes.

Today's Date _____

NAME _____ DATE OF BIRTH _____

SS# _____ Photo ID # _____

ADDRESS _____

CITY _____ ZIP CODE _____

TELEPHONE # _____ MOBILE ☐ HOME ☐ OTHER ☐

Male ☐ Female ☐ Ethnicity: Hispanic ☐ Non-Hispanic ☐ Veteran? Y ☐ N ☐

NAME OF COURT: _____ CASE # _____

OFFENSE: _____

HOURS ASSIGNED _____ DUE DATE _____

HAVE YOU VOLUNTEERED WITH US BEFORE? Yes ☐ No ☐

IF YOU ARE EMPLOYED: EMPLOYER _____

IF YOU ARE A STUDENT: SCHOOL _____

Can you safely lift up to 50 pounds? YES ☐ NO ☐

Volunteers helping with the food pantry or in the Thrift Store may be lifting items up to 50 pounds. If you have Physical or Medical Limitations, please describe:

NAME OF PARENT/GUARDIAN/EMERGENCY CONTACT:

Name _____ Relationship _____

ADDRESS _____

HOME/CELL Phone Number: _____

(SIGN ON NEXT PAGE)

**PLEASE CONTINUE ON NEXT PAGE
VOLUNTEER AGREEMENT**

I understand that if I am volunteering as a result of court-ordered community service. It is my responsibility to insure that the hours worked are recorded, verified and submitted to the court. The agency agrees to provide verification to the court for the completed hours worked upon request. As a volunteer, I understand that I will not be paid or compensated for my services. I understand that the Greater Randolph Area Services Program is not providing other goods or agency services in lieu of compensation for services provided to the agency. I will adhere to agency policies and practices including guidelines, laws and ordinances issued by Federal, State, and Local entities (i.e. OSHA, TXDOT, or Department of Health). As a volunteer on any of the premises Greater Randolph Area Services Program, Inc. performing volunteer services, I understand that I am not eligible for benefits under worker's compensation insurance in the event of bodily injury to myself as a result of my negligence. I have entered the premises of GRASP of my own free will. I will assume responsibility and will hold harmless the Greater Randolph Area Services Program, Inc. for any accidental injury I may sustain as a result of my negligence while on said premises. It is also understood that GRASP agrees to hold me harmless for any accidental bodily injury or property damage done by me while on said premises.

MANDATORY RULES:

PLEASE READ AND INITIAL EACH RULE:

1. _____ COURT ORDERED COMMUNITY SERVICE WILL BE ACCEPTED FOR YOUTH AGE 13 & UNDER ONLY UNDER THE SUPERVISION OF A PARENT/GUARDIAN. PARENTS OR GUARDIANS MUST SIGN THIS REGISTRATION FORM TO ALLOW A MINOR (UNDER 18) TO WORK.
2. _____ GRASP IS A SMOKE FREE AND DRUG FREE WORKPLACE. VOLUNTEERS WILL BE ASKED TO LEAVE IF THIS RULE IS VIOLATED.
3. _____ CELL PHONES CANNOT BE USED FOR PHONE CALLS, TEXTING, PLAYING GAMES WHILE ON DUTY. MANAGER IS AUTHORIZED TO HOLD YOUR PHONE FOR SAFEKEEPING UNTIL END OF SHIFT or BREAK.
4. _____ ALL VOLUNTEERS WILL ADHERE TO PROPER DRESS CODES AS REQUIRED BY THE COMPANY.
5. _____ LEAVING A JOB SITE WITHOUT PERMISSION WILL TERMINATE THE VOLUNTEER AGREEMENT.
6. _____ VOLUNTEERS MUST SIGN IN and SIGN OUT EACH DAY FOR HOURS WORKED. FAILURE TO DO SO WILL RESULT IN FORFEITURE OF HOURS FOR THAT DAY.
7. _____ FOUL LANGUAGE, INSUBORDINATION, FAILURE TO PERFORM ASSIGNED TASKS, DESTRUCTION OF PROPERTY WILL RESULT IN SUSPENSION. VIOLATIONS OF LAW WILL BE REPORTED TO UNIVERSAL CITY POLICE DEPARTMENT.
8. _____ GRASP WORKSIGHTS WILL ACCEPT UP TO FOUR (4) VOLUNTEERS EACH DAY DEPENDING ON NEEDS OF THE BUSINESS DAY.
9. _____ PLEASE CONTACT THE MAIN OFFICE FOR LETTER CONFIRMING FINAL HOURS ONE DAY in ADVANCE. LETTERS MUST BE PICKED UP AT 250 DONALAN.
10. _____ VOLUNTEERS WORKING IN EMERGENCY SERVICES, FOOD PANTRY OR SENIOR SERVICES SHALL KEEP ALL CLIENT DATA CONFIDENTIAL. NO INFORMATION REGARDING CLIENTS OR THEIR CIRCUMSTANCES SHALL BE SHARED OR DISCUSSED OUTSIDE OF THE WORKPLACE. VIOLATIONS WILL RESULT IN IMMEDIATE SUSPENSION.

Signature of Applicant

Date _____

Signature of Parent/Guardian (if volunteer is under age 18)

Date _____

VOLUNTEER AUTHORIZED TO WORK BY: _____

ALL VOLUNTEERS MUST RE-REGISTER ANNUALLY.