

Greater Randolph Area Services Program

VOLUNTEER REGISTRATION

CONFIDENTIAL INFORMATION FOR INTERNAL PURPOSES

NAME _____

MAIDEN NAME _____ NICKNAME _____

DATE OF BIRTH _____ SS# _____

ADDRESS _____ Apt# _____

CITY _____ ZIP CODE _____

COUNTY OF RESIDENCE: BEXAR ☐ GUADALUPE ☐

HOME PHONE _____ CELL _____

EMAIL ADDRESS _____ VETERAN: Yes ☐ No ☐

GENDER: F ☐ M ☐ Ethnicity: Hispanic ☐ Non-Hispanic ☐

EMPLOYER _____ Full Time ☐ Part Time ☐

SCHOOL _____ Full Time ☐ Part Time ☐

Are you retired? Yes ☐ No ☐ Any Disabilities? Yes ☐ No ☐

TEXAS DRIVERS LICENSE or ID # _____

Is this required for a School Group, Church, Scouts or Other Organization?

Name: _____

(GRASP will provide letters documenting completed hours upon request.)

Volunteers helping with the Food Pantry or in the Thrift Store may be lifting items up to 50 pounds.

NAME OF PARENT/GUARDIAN/EMERGENCY CONTACT:

Name(s) _____

ADDRESS _____ CITY _____ ZIP _____

Relationship _____ Phone # (_____) _____

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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:

- GRASP IS A SMOKE FREE AND DRUG FREE WORKPLACE. VOLUNTEERS WILL BE ASKED TO LEAVE IF THIS RULE IS VIOLATED.
- CELL PHONES CANNOT BE USED FOR PHONE CALLS, TEXTING, PLAYING GAMES WHILE ON DUTY.
- ALL VOLUNTEERS WILL ADHERE TO PROPER DRESS CODES AS REQUIRED BY THE COMPANY.
- LEAVING A JOB SITE WITHOUT PERMISSION WILL TERMINATE THE VOLUNTEER AGREEMENT.
- 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.
- 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.
- VOLUNTEERS UNDER AGE 13 WILL NEED TO BE ACCOMPANIED BY AN ADULT, GUARDIAN, ETC.
- ONE BUSINESS DAY NOTICE TO REQUEST LETTERS CONFIRMING HOURS COMPLETED.

Signature of Volunteer

Date _____

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

Date _____

VOLUNTEER AUTHORIZED TO WORK BY: _____ CEO