

Updated Jan 2018

## WAVE CITY CARE VOLUNTEER REGISTRATION

629 Wesley Drive, Suite 200  
Virginia Beach, VA 23452

[www.wavecitycare.com](http://www.wavecitycare.com)  
[info@wavecitycare.com](mailto:info@wavecitycare.com)

Dear Volunteer,

Thank you for your interest in volunteering with Wave City Care. There are many ways you can help improve the lives of individuals and families in our community and we look forward to partnering with you.

If you have not already done so, you may return the following volunteer application to Wave City Care at your earliest convenience or bring it with you the day of orientation. Our orientations are held at Wave Church at 9:30 am, 1000 North Great Neck Road in Virginia Beach on the last Saturday of the month. Check the website Welcome Page for the next date.

Once you have attended orientation, we will review your application and contact you to discuss your volunteer placement. Please be aware some opportunities may require additional time commitments, interviews and/or training.

Volunteering time and talent to help Wave City Care can be an incredibly fulfilling experience. We are pleased and excited you have chosen to donate the gift of your time to us and our community. We have an ongoing need for reliable volunteers and are committed to making your experience the best and most rewarding it can be.

We welcome volunteers from the age of 15 and older. However, If you are between the ages of 15-17, you and your parent or legal guardian must sign the Code of Conduct/Liability Waiver.

Thank you again and we look forward to working with you!

Sincerely,



Vice President  
Wave City Care

# WAVE CITY CARE VOLUNTEER APPLICATION

*After completing the Volunteer Application, all prospective volunteers must also read, sign, and return the Volunteer Agreement & Code of Conduct. Your social security number (SSN) is required for all applications for positions requiring background checks (sensitive positions and those working with children). Failure to provide SSN will preclude you from volunteering in these areas. Applications will be safeguarded to protect confidential information.*

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First MI

**Address:** \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_  
City State Zip Code

**Phone:** Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

**Gender:** Male  Female

**E-mail:** \_\_\_\_\_ **Birth date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

\* The majority of correspondence is via email. If you do not wish to receive emails from the Volunteer Department, please check here: . Be advised, if you opt out, you may miss important updates and special volunteer opportunities.

**Employer:** \_\_\_\_\_  
Company Name Job Title

**If you are a student:** \_\_\_\_\_  
School/University City, State  
\_\_\_\_\_  
Degree Pursuing Est. Year of Graduation

## REFERENCES

1. Please list a professional reference who is not related to you, and who has known you for at least 2 years. This can be past or present employer, a pastor, business person in the community, teacher, etc.

**Name:** \_\_\_\_\_  
First Last Relationship to me  
**Address:** \_\_\_\_\_  
Street City, State Zip Code  
**Phone:** (\_\_\_\_) \_\_\_\_\_

2. Please list a personal reference who is not related to you, and who has known you for at least 2 years. This can be a friend, neighbor, etc.

**Name:** \_\_\_\_\_  
First Last Relationship to me  
**Address:** \_\_\_\_\_  
Street City, State Zip Code  
**Phone:** (\_\_\_\_) \_\_\_\_\_

**Marital Status (circle one):** Married Single Engaged Separated Divorced Remarried Widowed

Do you:

Use tobacco? Yes ( ) No ( )

View sexually explicit material or nudity? Yes ( ) No ( )

Use illegal drugs? Yes ( ) No ( )

Abuse prescription drugs?

Yes ( ) No ( )

Have you any physical, mental or emotional challenges or conditions preventing you from performing certain types of activities? Yes ( ) No ( ). If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a criminal offense (excluding minor traffic violations)? Yes ( ) No ( )

If yes – when, where and what were the circumstances? \_\_\_\_\_

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Have you ever been charged with child neglect, abuse or indecent liberties? Yes ( ) No ( ). If yes, when, where and what were the circumstances? \_\_\_\_\_

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Have you ever physically or sexually abused a child, neglected or taken indecent liberties with a child or minor?

Yes ( ) No ( ). If yes – when, where and what were the circumstances? \_\_\_\_\_

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Have you ever been physically or sexually abused as a child? Yes ( ) No ( ) (This will be kept in total confidence).

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Do you give Wave City Care permission to request a criminal records check from the law enforcement officials concerning you? Yes ( ) No ( ). **Please note: A negative response to this question results in non-acceptance of application.**

**APPLICANT'S STATEMENT:**

The information contained in this application is correct to the best of my knowledge. I authorize any references listed in this application to give us any information they may have regarding my character and fitness for volunteer work. I release all such references from liability for any damage that may result from providing such information/evaluation to us.

Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**Organizations with whom I have volunteered:**

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**How did you hear about Wave City Care?**

- |                                      |  |  |
|--------------------------------------|--|--|
| <input type="checkbox"/> Wave Church | <input type="checkbox"/> Television    | <input type="checkbox"/> Volunteer Hampton Roads |
| <input type="checkbox"/> Radio       | <input type="checkbox"/> Word of mouth | <input type="checkbox"/> Newspaper               |
| <input type="checkbox"/> Other _____ |  |  |

**I am available to volunteer during:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Mid week mornings | <input type="checkbox"/> Mid week afternoons | <input type="checkbox"/> Mid week evenings |
| <input type="checkbox"/> Saturdays         | Only these times and days: _____             |  |

**Volunteer areas of interest:**

- |  |   |
|--|---|
| <input type="checkbox"/> Food Distribution (Delivery Assistant)  | <input type="checkbox"/> Jobs for Life Instructors/Mentors      |
| <input type="checkbox"/> Shine Girl (Mentoring girls grade 5-12) | <input type="checkbox"/> Regeneration (Life Controlling Issues) |
| <input type="checkbox"/> 1Life Mentoring (MS boys & girls)       | <input type="checkbox"/> Shine Women (Mentoring women)          |
| <input type="checkbox"/> ManPOWER (Mentoring boys)               | <input type="checkbox"/> Fundraising/Marketing/Events           |
| <input type="checkbox"/> Graphic Designer                        | <input type="checkbox"/> Volunteer Coordination Team            |
| <input type="checkbox"/> Website Administrator                   | <input type="checkbox"/> Website Designer                       |
| <input type="checkbox"/> Administration                          |   |

**Volunteer experience:**

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**What do you hope to gain from volunteering with Wave City Care:**

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**Emergency Contact Information**

**\*required information**

**Name:** \_\_\_\_\_  
First Last Relationship to me

**Address:** \_\_\_\_\_  
Street Apt. #  
\_\_\_\_\_ City  
State Zip Code

**Phone:** Home (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

## WAVE CITY CARE VOLUNTEER AGREEMENT AND CODE OF CONDUCT

### **As a volunteer for the Wave City Care:**

I agree to abide by all policies and procedures of Wave City Care. I will conform to all rules and regulations commonly applying to employees of Wave City Care, including safety, discrimination, harassment and confidentiality.

I give consent to Wave City Care to use and reproduce my name, voice, and/or likeness in connection with any advertising, programming and/or promotion for Wave City Care in any media it chooses.

I hereby absolutely and unconditionally release and discharge Wave City Care, including its employees, successors, assigns, directors, officers and agents, from and against any and all claims, obligations and liabilities, of every nature and kind whatsoever, relating to or arising from my participation with the Wave City Care volunteer program including, but not limited to personal injury.

### **I further agree to:**

- ❖ Support the mission, goals and efforts of Wave City Care with a positive attitude.
- ❖ Approach my volunteer job responsibilities with professionalism.
- ❖ Treat all individuals with respect and kindness.
- ❖ Promote goodwill by handling contacts with staff, other volunteers, customers and visitors in a spirit of courtesy and cooperation.
- ❖ Report to my volunteer job physically and mentally fit for duty.
- ❖ Provide appropriate notice of unavoidable absence or lateness.
- ❖ Deal fairly with all Wave City Care colleagues, co-workers, supervisors, customers, visitors, volunteers, etc., without regard to their gender, race, ethnicity, religion, creed, age, sexual orientation, marital status, national origin, ancestry, citizenship, military status, veteran status, handicap or disability.
- ❖ Contact Director of Operations, Wave City Care immediately if I feel discriminated against or harassed by someone in connection with my volunteering.
- ❖ Only serve as agency representative in the community or media spokesperson when authorized to do so by the Director of Wave City Care.
- ❖ Correct, when possible, misleading or inaccurate information and representations made by others concerning Wave City Care policies, practices and procedures.
- ❖ Maintain and safeguard the confidentiality of all business, donor, employee, volunteer records, credit and financial information and/or any information relating to the operation of the agency that is not known or readily accessible to the public.
- ❖ Observe all safety and security rules in the performance of my volunteer job duties. Report all accidents, injuries, fire, theft, or unusual incidents immediately after occurrence or discovery.
- ❖ Avoid engaging in any conduct that is or could be perceived as a conflict of interest. Refrain from using Wave City Care property, services or supplies for personal reasons unless given prior permission by the appropriate staff member.
- ❖ Adhere to Wave City Care's drug, alcohol and smoke-free policy when volunteering.
- ❖ Contact the Volunteer Services Department if I have any questions or concerns about the Wave City Care's policies, procedures, interpersonal communications or my volunteer responsibilities.
- ❖ In order to remain in good standing, I understand that I am required to consistently adhere to the Volunteer Code of Conduct.

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By signing, I agree to abide by the policies of Wave City Care and its Volunteer Program. I understand that the agency reserves the right to accept or refuse volunteer applicants, and to terminate a volunteer placement when appropriate.

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature**

**If under 18:**

\_\_\_\_\_  
**Parent or Legal Guardian Print Name**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**