



The BRICK
Ministries Inc.
Believers Reaching Individuals for Christ's Kingdom

420 Ellis Ave, Ashland, WI 54806
715-682-7425 - www.thebrick.centurytel.net

Our Mission: The BRICK lives Christ's message to compassionately love and respect those in need.

Our Vision: To provide services and build relationships to change people's circumstances and lives through Christ.

VOLUNTEER APPLICATION

Today's Date _____ Date Orientation Completed _____

Name _____ Birth Date _____
Last First MI

Phone Numbers Home _____ Work _____ Cell _____

Email Address _____

Employer _____ May we call you at work: YES NO

Do you prefer being contacted by: Email Phone

Services I would be interested in volunteering for:

- | | | |
|--|---|---|
| <input type="checkbox"/> Food Shelf | <input type="checkbox"/> Special Events | <input type="checkbox"/> Legal Consultant |
| <input type="checkbox"/> Computer Tech | <input type="checkbox"/> Holiday Activities | <input type="checkbox"/> Garden Harvest |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Front Desk | <input type="checkbox"/> Data Entry |
| <input type="checkbox"/> Van Maintenance | <input type="checkbox"/> Member, Board of Directors | <input type="checkbox"/> Property Maintenance |

Volunteer job descriptions can be found in the Volunteer Handbook

Times you are available for volunteering:

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

Times during the year when you are NOT available for volunteering: _____

My time commitment for volunteer service:

- | | |
|--|--|
| <input type="checkbox"/> I can volunteer once/week or more | <input type="checkbox"/> I can volunteer once a month |
| <input type="checkbox"/> I prefer an ongoing assignment | <input type="checkbox"/> I prefer short-term assignments |

Religious Affiliation

While religious affiliation is never required, our Covenant Churches pledge volunteer support as part of our membership agreement. Please provide this optional information so we can confirm our Covenant Churches' commitment.

My church affiliation is _____

Personal References (non-family)

Name _____ Relationship to you _____

Address _____
City State Zip Phone

Name _____ Relationship to you _____

Address _____
City State Zip Phone

(Initials) I give my permission for The BRICK Ministries to contact the above references in regard to myself and to obtain pertinent personal information which will be used for screening for The BRICK Ministries volunteer program.

Liability Coverage

(Initials) **General Liability:** I understand that I have coverage for my activities as a volunteer for The BRICK Ministries.

Bondability: I understand that I am not bonded and that I should not handle money or property for those receiving services.

Confidentiality Agreement

(Initials) All individuals serving in a volunteer position with The BRICK Ministries are to respect the confidentiality rights of those receiving services or care through this organization. No volunteer is to disclose confidential information on any individual served or circumstances related to the BRICK other than those on staff with the BRICK Ministries. Information regarding individuals served is not to be shared with family members of that individual without their authorization, unless the individual(s) is a minor or in imminent danger.

Volunteers are not to discuss confidential information concerning individuals in circumstances where an unauthorized person may overhear the conversation. Volunteers are encouraged to use first names only when discussing situations involving those in need. Names of individuals are not to be mentioned in social settings outside of normal day-to-day business operations of The BRICK Ministries.

Confidential information on individuals served includes assessment/referral forms and all information contained in them, any supplemental records used to update client services, and any computer records maintained on the client. It also includes any information received verbally from the client and any information on the client's financial, family, medical, or social situation. Any documents and information relating to the client must be carefully safeguarded and released only to authorized persons. Relating confidential information via email is discouraged. First names only should be used in email messages.

When it is appropriate to share information with or to refer to another agency or service provider and official release of information is required before contact is made to the referral agency or service provider. This contact with another agency will be done by the program coordinator only.

All volunteers share the responsibility of adhering to and enforcing the confidentiality policy. Conflict should be brought to the attention of the program coordinator. Disciplinary action for violation of the confidentiality policy will follow approved procedures for volunteers. All volunteers are required to sign this agreement and will be informed of this policy during orientation time.