Thank You for Your Interest in MAM’s Volunteer Program! MAM volunteers make a tremendous difference in the lives of needy families in our community. Volunteers teach adult students how to speak English, help families stay in their home during a financial crisis, provide administrative support and empower people to learn the skills necessary to get a new or better job. Our volunteers also process donations to be sold in our Resale Store or Boutique, for which the proceeds provide financial assistance for families in need. Whether they are here once a week or visiting with a group, our community is a better place for their service.

ABOUT MAM

**MAM’s Mission** is to assure that families have the means to meet their basic needs.

**MAM’s Vision** – To carry out our mission, we assist families facing financial crisis to avoid homelessness, offer programs enabling long-term, financial self-sufficiency, assure children an improved school experience, facilitate client access to other support networks and enhance MAM’s value to its member congregations and the community.

**MAM’s Values** – As responsible stewards, we are grounded in faith, offering hope, preserving dignity and open to all.

Are you ready to join us?

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**Steps To Help You Get Started!**

1. Contact the Volunteer Recruiter by phone or email at 713-574-7540 or volunteers@maministries.org and schedule an appointment to visit MAM for a brief meeting and tour.

   Date and Time of Meeting:  ______________________________________________________

2. Complete the attached application and bring it with you to your meeting.

   □ Application Completed

3. During your meeting, consider the many areas and volunteer opportunities. Based upon your schedule and interests, we will find a valuable volunteer opportunity for you!

   Department I will be serving:  __________________________________________________

   Starting Date:  _________________  Time/Shift:  __________________

   Contact Name:  __________________________  Phone:  __________________________

   Email Address: ____________________________________________________@maministries.org
ADULT VOLUNTEER APPLICATION

Application Date:_________________________

Last Name:  _________________________________________________    First Name:  ____________________________________________

Address: __________________________________________     City: ______________________________     Zip:  ______________

Email: _______________________________________________________

Adult (18 and over) _____ Yes        _____ No

Phone Numbers - Home: __________________________ Cell: _______________________________________________________

Emergency Contact: _____________________________________________________________________________________________________

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Phone Number</th>
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Date of Birth (MM/DD/YY):_____/_____/____ Church you attend, if any __________________________________________________________

Highest Level of Education & School: ___ High School    ___College    School Name: ____________________________

List any certification/degree/training: __________________________________________________________

Marital Status ___________________________   Spouse’s first name, if applicable: ___________________________________________

Allergies/medical conditions that we should know about: __________________________________________________________

Who is your current/past employer? Retired? __________________________________________________________________________

If applicable, does your current/past employer have a volunteer matching grant program? __________________________

What languages do you speak other than English? __________________________________________________________

Previous Volunteer Experience:___________________________________________________

_____________________________________________________________________________________________________________________________

What do you hope to accomplish as a volunteer at MAM? _________________________________

_____________________________________________________________________________________________________________________________

How did you hear about MAM? (Please select all that apply)

☐ Church __________________________________________________________

☐ Family/Friend/Current MAM Volunteer ________________________________

☐ Online Source (MAM Website/Volunteer Match/Volunteer Houston, etc.)

☐ School ___________________________________________________________

☐ Other:__________________________________________________________________________________________
Areas of Interest (check all that apply):

**DONATION CENTER**
- Sorting
- Pricing Donations
- Organizing Items
- Moving Items

**RESALE STORE**
- Stocking Shelves
- Cashier
- Floor Assistance
- Boutique

**ESL CLASSES**
- Instructor
- Assistant
- Tutor
- Clerical

**FAMILY ASSISTANCE**
- Receptionist
- Data Entry
- Client Interviewer
- Office/Admin

**EMPLOYMENT SRVCS**
- Computer Literacy
- Job Training

**OTHER**
- Where needed most

What type of experience (if any) do you have with any of the above options?

________________________________________________________
______________________________________________________________

Skills, Talents or Hobbies (i.e. Administrative, Facility Maintenance, Graphic Design, Event Planning, Floral Design, Merchandising, Handyman, Retail Sales, etc):

________________________________________________________
______________________________________________________________

Commitment and Availability-Commitment is highly important to any volunteer service. Coordinators and volunteers work together to achieve daily goals in each department. What time commitment are you able to make for volunteer service here at MAM? *We recognize your availability may change and will work with you to accommodate any schedule changes.

I am currently available to volunteer on the following days/times:

Days of the Week: ___Mon ___Tues ___Wed ___Thurs ___Fri ___Sat
Time of Day: ___Morning ___Afternoon ___Evening

About You-We want every volunteer experience at MAM to be rewarding and enjoyable. Please tell us a little about yourself so we find volunteer opportunities that best suit you.

I enjoy volunteering: ___groups ___small team ___alone ___no preference
I consider myself: ___outgoing/talkative ___friendly ___shy ___reserved/quiet
I like to serve on: ___large multi-task projects ___small detailed projects ___either
Are you able to stand for long periods of time? ___yes ___no
Are you able to bend, lift and move items up to 10 lbs? ___yes ___no
Disabilities, illness or special needs we need to know about for volunteering? ________________________________
WAIVER AND RELEASE OF LIABILITY

I understand that on account of my participation as a volunteer for Memorial Assistance Ministries ("MAM"), I may be exposed to some foreseen and unforeseen risks. I knowingly accept such risks and, fully understanding such risks, nonetheless wish to participate as a volunteer for MAM. Therefore, on my own behalf and on behalf of my heirs, representatives, administrators and assigns, and to the extent permitted by law, I hereby forever waive, discharge and release any and all liability, claims, demands, causes of action, suits and rights of whatever kind or nature, either in law or in equity, I, or anyone else on my behalf, might have against MAM or its officers, directors, agents, representatives, employees, volunteers, successors and assigns (collectively, the “MAM Affiliated Persons”). Further, I agree that I will not, nor will I allow anyone else acting on my behalf to, bring or maintain any lawsuit or other action against MAM or any MAM Affiliated Person for any claim that I might have arising out of my participation in any activities sponsored by, sanctioned by or approved by MAM or any MAM Affiliated Person. For the purpose of implementing a full and complete release, I understand and agree that this waiver is intended to include all claims, if any, which I may have and which I do not now know or suspect to exist in my favor against MAM and this waiver extinguishes those claims.

I understand and acknowledge that this Waiver and Release of Liability discharges MAM and any MAM Affiliated Person from any liability or claim that I may have against MAM or any MAM Affiliated Person with respect to any bodily injury, illness, death, or property damage that may result from my participation as a volunteer for MAM, whether or not caused by the negligence, gross negligence, or intentional conduct of MAM or any MAM Affiliated Person. I also understand that, except as otherwise agreed to by MAM in writing, neither MAM nor any MAM Affiliated Person is responsible for or obligated to provide financial assistance to me or to anyone else, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

I hereby warrant that I am of full age and have the right to contract my own name. I have read the above Waiver and Release of Liability prior to its execution and I voluntarily bind myself to its terms.

Signature of Volunteer
Date

Signature of Witness
Date

MAM MISSION, VISION & VALUES

Mission: To assure that families have the means to meet their basic needs.

Vision: To carry out our mission, we:
- Assist families facing financial crisis to avoid homelessness.
- Offer programs enabling long-term, financial self-sufficiency.
- Assure children an improved school experience.
- Facilitate client access to other support networks.
- Enhance MAM’s value to its member congregations and the community.

Values: As responsible stewards, we are grounded in faith, offering hope, preserving dignity and open to all.

As a Memorial Assistance Ministries (MAM) volunteer, I support this mission statement and agree to abide by all policies and procedures of MAM in this endeavor. Accordingly, I understand and agree that I will abide by these policies and procedures at all times while I am engaged in volunteer services for MAM. In addition, I acknowledge that my services for MAM are purely voluntary and neither MAM nor I intend to create any employment, consultant or independent contractor relationship now or at any time in the future. I understand that I will not receive any pay, health and welfare benefits or other privileges of employment for performing volunteer services for MAM. Moreover, I understand that I am not eligible for workers' compensation benefits in case of any injury or illness that result from volunteer work.

Signature of Volunteer
Date
CONFIDENTIALITY POLICY
I hereby agree that I will hold confidential at all times all communications, observations and information made by, between or about clients of Memorial Assistance Ministries ("MAM"). This includes, but is not limited to, all client service and administrative records and computer records, including any and all logs and/or records resulting from telephone contacts or any other work product of staff or volunteers related to recipients of service. In addition, I agree that I will not, at any time, directly or indirectly divulge, disclose, or communicate to any person, firm, or corporation any confidential information concerning any matters affecting or relating to the business of MAM, including, without limitation, the names of any of its other volunteers or any other information concerning MAM’s manner of operation, its plans or any of its processes. Information is deemed "confidential" if it is not readily known and available to the general public. I hereby agree that I am bound by this confidentiality agreement, both during and upon leaving my services as a volunteer for MAM, and there ever after. I agree to the above confidentiality policy.

___________________________________________
Signature                                                                                     Date

Media Release
I hereby grant to Memorial Assistance Ministries ("MAM") permission to publish photographs and/or video of me or otherwise use my likeness for MAM materials. Photos/video may be used for MAM publications, media spots/interviews and online marketing including the MAM website and MAM Facebook page. This includes any photographs or video in which I may be included as a group member or as background. I understand that I will not receive compensation of any kind and that any such photograph or video or other likeness of me may be reproduced by any means currently existing or developed in the future. I hereby warrant that I am of full age and have the right to contract my own name. I have read the above authorization prior to its execution and I voluntarily bind myself to its terms.

______________________________________________
Signature                                                                                      Date

Volunteers in Donation Center or Resale Store – Policies and Procedures
• Come prepared to work! Our volunteers are always kept busy!
• Please dress appropriately for the area you will be working (jeans, long shorts, solid color t-shirts or tops).
• Close toe shoes must be worn in the donation center.
• Wear your name badge while volunteering.
• Sign In and Out at your designated station.
• Volunteers can only purchase items from the resale store before or after their assigned shift.
• Volunteers may not price any item they are purchasing.
• Always ask a staff member for help or instructions if you are unsure.
• Practice safety procedures on the floor and in the donation center.
• Be friendly and considerate of our clients, customers, staff members and other volunteers.
• We count on you! Always call ahead of time if you are not going to be able to come, need to switch your shift or will be late.

RESALE STORE ACKNOWLEDGEMENT/AGREEMENT
I hereby acknowledge that I fully understand the Resale Store Policies and Procedures and further understand that if I do not comply with such policies and procedures, my service as a volunteer for Memorial Assistance Ministries ("MAM") is subject to immediate termination at the discretion of MAM’s staff.

___________________________________________
Signature                                                                                     Date