

Special Event Volunteer Registration

Name: First _____

Last _____

Phone: _____ cell: _____

Address: _____

City _____ State _____ Zip _____

Birthdate _____

Email _____

Emergency Contact

Name _____ Phone _____

Church/Group Affiliation _____

Please contact me for further opportunities __ Yes __ No

Photo Release

By signing below, I give my voluntary permission to New Hope Ministries, to use either photographs, video- recordings, my story for publication in fund-raising and/or public relations efforts, such as newsletters, brochures, newspaper articles, website, displays, films, etc., both physical and virtual in format. This voluntary agreement includes materials provided by me or taken by or on behalf of New Hope Ministries and is totally without restriction regarding services received.

Signature _____ Date _____

Parent/Guardian Signature if Minor _____ Date _____

Date Volunteering: _____

Start time: _____ End time: _____

Circle Center/Program you volunteer for:

Dillsburg Dover Hanover Mech/West Shore

West Shore/Lemoyne New Oxford

Executive Office After School

CONFIDENTIALITY AGREEMENT

It is the policy of New Hope Ministries that all volunteers sign an Agreement of Confidentiality.

This will remain as part of your permanent file.

AGREEMENT OF CONFIDENTIALITY

As a condition of volunteering I understand that I may have access to information regarding clients, donors, and proprietary business information; therefore I agree that I will not in any manner reveal or disclose information to any person outside of New Hope Ministries' staff or volunteers during or after my term of service unless such information is specifically requested by and accompanied by a signed release.

Volunteer Signature

Date

Print Name

