



**VOLUNTEER INTEREST FORM**

Name (please print):
Street Address:
City, State, Zip :
Phone:
Email Address:

Please provide the following information if you are a student:

Current Grade: \_\_\_\_\_

School Attending: \_\_\_\_\_

Present Occupation: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Community Affiliations (i.e. churches, clubs, civic groups, etc): \_\_\_\_\_

Emergency Contact 1:	Emergency Contact 2:
Contact Name	Contact Name
Relationship	Relationship
Phone (1)	Phone (1)
Phone (2)	Phone (2)

**Volunteer Areas of Interest** (check all that apply):

- Shopping Assistant
- Warehouse Cleanup
- Clerical Work/Administrative Assistant
- Truck Driving/Furniture Moving
- Furniture Repair
- Event Planning and Participation

**Skills and Experience** (please check any skills or experience which you have competency in)

- Customer Service
- Woodworking/Furniture Repair
- Filing/Administration
- Truck Driving/Furniture Moving
- Marketing
- Teaching (Financial Literacy, GED Preparation, Job Preparation)
- Additional (please list) \_\_\_\_\_  
\_\_\_\_\_

Are you available year round? YES  NO

Please **CIRCLE** which month(s) you are **AVAILABLE**:

Jan – Feb – Mar – Apr – May – June – July – Aug – Sept – Oct – Nov – Dec

Check which day(s) you are **AVAILABLE** to volunteer:

Monday  Tuesday  Wednesday  Thursday  Friday  Saturday  VARIES

Is this court ordered service? No  Yes  Which County? \_\_\_\_\_

How many hours? \_\_\_\_\_ To be completed by: \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you a native speaker or **FLUENT** in a language other than English and if so, what languages?

How did you learn about our Volunteer Opportunities?

\_\_\_\_\_  
\_\_\_\_\_

### Confidentiality Agreement

Persons participating in services provided by the Furniture Bank of Metro Atlanta must be given the utmost respect in terms of confidentiality or information about their participation.

**SPECIFICALLY:**

- You may not admit to, acknowledge or inform anyone or any agency that a person has participated at this agency.
- You may not share any information verbally or written regarding any persons without (a) expressed permission of staff (b) a signed consent to release information by the person involved.
- You may not discuss, present or share any information about a client outside this facility that would breach that client's confidentiality or anonymity. You may not use a client's name.
- Any breach of the above agreement will result in termination and/or disassociation from this agency.

By signing this form I am acknowledging that I have read and understand the Confidentiality Agreement as stated.

**I understand that I am not considered an employee of the Furniture Bank of Metro Atlanta while performing volunteer work for the organization. I further understand that as a volunteer, I am not covered by Workers' Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer.**

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Furniture Bank of Metro Atlanta, a nonprofit organization, I hereby agree for myself, my heirs, assigns, executors, and administrators to release and discharge the Furniture Bank of Metro Atlanta, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold the Furniture Bank of Metro Atlanta, its officers and directors, employees, agents, and volunteers harmless from any cause of action, claim, or suit arising therewith. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I further grant to the Furniture Bank, its assigns and successors, my consent and full right to use my name, photograph, likeness, image, voice, and biography in any and all media publications, advertising, and publicity in connection with my participation hereunder.

**Individual Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

*All volunteers under the age of 18 must have a parent or guardian signature before they can start.*

Please return this form by fax/mail/email: **Fax:** 404-352-8792  
**Mail:** 538 Permalume Place Atlanta, GA 30318, **Email:** info@furniturebankatlanta.org