



VOLUNTEER APPLICATION/INFORMATION FORM

Date: _____

Name: _____ Date of Birth: _____

Occupation: _____

Local Address: _____

City: _____ State: _____ Zip: _____

Other address, if any: _____

Phones: home: _____ work: _____ cell: _____

E-mail: _____

Church/Club affiliation: _____

Special Training/Abilities: _____

Languages spoken: _____

Spouse/S.O./Emergency Contact: Name: _____

Relationship: _____ Phone(s): _____

I would like to volunteer to assist the International Seafarers' Center in carrying out its mission. I am indicating on the attached Job & Scheduling Preference Form the times and tasks for which I would like to volunteer. I understand that this is not a contract for agency or employment. Please note, all signatures must be completed in person.

Signature: _____

INTERNATIONAL SEAFARERS' CENTER

VOLUNTEER JOB & SCHEDULING PREFERENCE FORM

Name of Volunteer: _____

TIMES AVAILABLE: Please check all appropriate boxes

Day & Times I can work:

Saturday	9 AM – 1 PM	1 – 5 PM	5 – 9 PM	Other: _____
Sunday	9 AM – 1 PM	1 – 5 PM	5 – 9 PM	Other: _____
Monday	9 AM – 1 PM	1 – 5 PM	5 – 9 PM	Other: _____
Tuesday	9 AM – 1 PM	1 – 5 PM	5 – 9 PM	Other: _____
Wednesday	9 AM – 1 PM	1 – 5 PM	5 – 9 PM	Other: _____
Thursday	9 AM – 1 PM	1 – 5 PM	5 – 9 PM	Other: _____
Friday	9 AM – 1 PM	1 – 5 PM	5 – 9 PM	Other: _____
ANY DAY	9 AM – 1 PM	1 – 5 PM	5 – 9 PM	Other: _____
Other:	_____			

I would be unable to work the following days/time: _____

Frequency: I can volunteer:

More than once a week	Once weekly	Bi-weekly
Once per month	Variable: call me as needed	but limit to ____ times monthly

I prefer a regular schedule, so I can plan my calendar.

I prefer to be "on call" and not have a regularly schedule time.

JOB IN WHICH I'M INTERESTED:

Hospitality: staffing the Centers	Fundraising
Van Driving	Yard Work
Ship Visiting	Telephoning
Reception	Maintenance
Ditty Bags: Making Stuffing	Computer Work Data Entry Repair
Helping with Mailings	Assisting with Meetings prep/clean-up Library,
Office Work	Bibles, Magazines
Clothes Closet	Store (purchasing, stocking, etc.)
Nursing	Other: _____

Police Investigation Release Form

I understand that the International Seafarers' Center (hereafter referred to as ISC) is a charitable organization that may require a criminal record check of volunteers in the conduct of various programs.

It is my desire to further the work of the ISC by performing services as a volunteer for programs the ISC supports.

I hereby give my permission to have an ISC representative or agent of the ISC conduct a background investigation if deemed necessary. I further agree to release the ISC and its authorized representative from any kind of lawsuit or prosecution resulting from the use of the investigation.

I understand that should my driver's license be revoked, suspended or lost, I must contact the Executive Director of the ISC immediately, and furthermore, I understand I will be unable to drive any ISC vehicles until my license is valid in all respects.

I grant permission for a criminal record check by the ISC.

Volunteer's Signature

Date

Volunteer Coordinator's Signature

Date

I do not give permission for a criminal record check by the ISC. I understand that without a background check, I will not be able to work at the ISC.

Volunteer's Signature

Date

Volunteer Coordinator's Signature

Date

Executive Director's Signature

Date

Approved

Disapproved

Photo Release Form

I understand that the International Seafarers' Center is a charitable organization that requires the assistance of volunteers in the conduct of various programs.

It is my desire to further the work of the ISC by performing services as a volunteer for programs the ISC supports.

I hereby give my permission to be photographed by a representative or agent of the ISC. I further agree to release the ISC and its authorized representative from any kind of lawsuit or prosecution resulting from the use of said photograph.

I understand that I may be photographed at my regular volunteer assignment or while serving in other volunteer programs at the ISC

I grant permission for my photograph to be used by the ISC.

Volunteer's Signature

Date

Volunteer Coordinator's Signature

Date

I do not give permission for my photograph to be used by the ISC. I understand that if a representative of the ISC attempts to photograph me while volunteering, I must tell this person that I have not given permission to the ISC.

Volunteer's Signature

Date

Volunteer Coordinator's Signature

Date

Please provide a copy of your current driver's license and insurance card.

Copies may be submitted:

- In person at the Newcastle Center
- By email: info@seafarerscenter.org
- By mail: International Seafarers' Center

307 Newcastle Street
Brunswick, GA 31520

Please tell us how you heard about us?

- Internet Search/Website
- Newspaper Article
- Radio Ad
- Facebook
- ISC Newsletter
- Referral
- Word of Mouth
- Event/Festival
- Magazine Ad
 - Coastal Illustrated
 - Golden Isles Magazine
 - Web Ad

Other: _____