



Momentum Collective, Inc.

Application for Volunteer Services

107 S. West St. Ste. 932

Alexandria, VA 22314

Date of Application _____ Gov't I.D. Number/Type _____

Name _____
Last First MI

Telephone (Cell.) _____ Telephone (Alt.) _____

Address _____
Street City State Zip

Date of Birth _____ Email _____

Why are you interested in volunteering with **MC Inc.**?

Check all that apply:

I Have Mandatory Community Service hours to fulfill

I would like to give back to the community

(optional) Contact Person _____
Name Organization
Phone Number Hours Due By

Please check any skills/experience, which may be of use in providing services to MC Inc. participants and/or administration.

- Admin. Services
- Youth Development
- Hospitality
- Construction
- Other (Please Specify): _____
- Recreation
- Content Management
- Special Events
- Program Management
- Audio/Visual Assistance
- Tutoring/Homework Assistance
- Performing Arts Instruction
- Production Assistance

How many hours per week/month are you available? _____ per week month

Check all that apply:

What time of day are you available?

- 10:00am – 3:00pm
- 2:30pm – 5:30pm
- 5:30pm – 7:30pm
- Time specific Special Events (Camps, Theater Production, Workshops, etc.)

Mon Tue Wed Thur Fri Sat (between 10am-6pm for special projects/field trips)

Signed _____ Date _____



Momentum Collective Inc.

Volunteer Services

Consent to Release Information

Applicant Name _____
Last First

License/ID Number _____ State _____ Expiration _____

I, _____, authorize Momentum Collective Inc. to obtain a criminal and background record.

The purpose of this disclosure is to: Determine the eligibility of this person requesting to volunteer with MC Inc., as determined through a clear criminal background check.

Information obtained by MC Inc. personnel will be maintained as confidential and released only to those employees who need to know such information, as required by law.

By signing below, I _____, understand that this consent is strictly for purposes related to my eligibility to provide volunteer services to the participants and personnel of MC Inc. I also understand that I may be required to re-submit to a background check on an annual basis.

Signature of Applicant _____ Date _____

Signature of MC Inc. Personnel _____ Date _____

Note:

Instructions on how to complete the two required background checks are found on our website:
www.momentumcinc.org/join-us.



Momentum Collective Inc.

Volunteer Services

CONFIDENTIALITY AGREEMENT

This CONFIDENTIALITY AGREEMENT is to help maintain the privacy of confidential, personal information that may be provided by participants of **MC Inc.**, in the course of accessing services. This confidential, personal information may be provided and maintained in several forms - verbal, on paper, or in electronic form, such as a computer based database.

I, _____, understand that in the course of my work with **participants of MC Inc.**, I may learn certain facts about individuals being served that are of a highly personal and confidential nature.

Examples of confidential information are Social Security numbers, medical conditions and treatment, income, assets, living arrangements, and relationships with family members. Such information must be treated as completely confidential and is not to be shared with any other person without exception, including family members. Any breach of confidentiality concerning **MC Inc. participants**, may result in severe penalties up to dismissal as well as possible prosecution to the fullest extent of the law, where applicable.

Guidelines to follow to maintain confidential information are:

1. Secure confidential information and documents in locked cabinets when not in use;
2. Do not leave confidential information or data where it can easily be observed;
3. Do not remove any confidential information from your organization's office without specific authorization to do so;
4. Properly dispose of (shred) all confidential information when no longer needed;
5. All confidential information must be properly marked and secured before transmittal;
6. Immediately notify your supervisor or the appropriate staff person of any possible violation of participant confidentiality;
7. Ask questions if you are concerned about possible confidentiality violation; and
8. No personal video or audio recording of program participants while volunteering with MC Inc. unless expressly authorized by Mc Inc. staff.

I agree not to disclose resident information of a personal and confidential nature to anyone except to the **appropriate MC Inc. staff**, who is authorized to receive information, for purposes of achieving the discussed tasks for **MC Inc.**.

My signature below warrants that I have read, understand, and will follow this **MC Inc. CONFIDENTIALITY AGREEMENT**.

Signature of Applicant _____ Date _____

Signature of MC Inc. Personnel _____ Date _____