



**Huntington  
City Mission**

— WHERE HOPE BEGINS —

### Group Volunteer Application

Please return the application to:  
Fax: 304-523-0342, Email: cels@hcmwv.org

Please allow 2-3 business days for application process.

Date \_\_\_\_\_

Type of Group (please circle) Youth Adult College Other: \_\_\_\_\_

Group Name \_\_\_\_\_

Group Address \_\_\_\_\_  
(Street) (City) (State) (Zip)

Group Leader's Name \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email address: \_\_\_\_\_

How did you hear about the Mission? \_\_\_\_\_

Has this group volunteered with HCM before? (Circle one) Yes No If yes, what department? \_\_\_\_\_

In which department of the mission would you like to volunteer? Or do you have a program /activity you would like to host?  
\_\_\_\_\_  
\_\_\_\_\_

We are available: \_\_\_ Mon. \_\_\_ Tues. \_\_\_ Wed. \_\_\_ Thurs. \_\_\_ Fri. \_\_\_ Sat. \_\_\_ Sun.  
\_\_\_ Mornings \_\_\_ Afternoons \_\_\_ Evenings Any specific hours/days? \_\_\_\_\_

Group size (be as accurate and honest as possible) \_\_\_\_\_

How many males? \_\_\_\_\_ How many females? \_\_\_\_\_ Approximate age range \_\_\_\_\_

Yes  No Photo Release I hereby grant the Huntington City Mission Ministries permission to photograph myself & our group and/or use my likeness in photograph(s) video in any and all of its publications and in any and all other media whether now known or hereafter existing, controlled by Huntington City Mission Ministries. I will make no monetary or other claim against Huntington City Mission Ministries for the use of the interview and/or photograph(s)/video.

We understand that as volunteers we are subject to the policies of the Huntington City Mission. General policies include, but are not limited to: Confidentiality of Guest Information, Drug Free Workplace, and Dress Code. We also understand that as volunteers, we are not due any compensation for labor, but are expected to act in a professional manner and behave respectfully towards other volunteers, staff and guests of the Huntington City Mission. We hereby release Huntington City Mission, its Board of Directors, employees and other volunteers workers from any and liability that might arise by virtue of all personal injury, property damage or other damage that might result from the use of said facility.

Group Leader's Signature \_\_\_\_\_ Date \_\_\_\_\_

Office use only: Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

HUNTINGTON CITY MISSION  
624 10<sup>th</sup> Street  
Huntington, WV 25701

GROUP CONFIDENTIALITY STATEMENT

We shall respect the privacy of the people we serve and hold in confidence all information obtained in the course of professional service whether the information is obtained through written records or daily interaction with residents and/or staff.

We will not disclose an individual's confidence to anyone unless one or more of the criteria below applies:

- As mandated by municipal, state or federal law
- To prevent a clear and immediate danger to a person or persons;
- Where we are defendants in a civil, criminal or disciplinary action arising from the contact, and;
- Where there is a waiver previously obtained in writing and then such information may be revealed only in strict accordance with the waiver.

We shall be responsible to store and dispose of professional records in a manner that maintains confidentiality. We agree to maintain rights of confidentiality and shall possess a professional attitude which upholds confidentiality towards the people we serve, including colleagues, applicants, volunteers and residents, especially during sensitive situations.

We understand that any violation of this confidentiality may be grounds for dismissal and/or civil litigation.

Group Name: \_\_\_\_\_

Group Coordinator

Signature: \_\_\_\_\_ Date \_\_\_\_\_

HCM Volunteer Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_

MISSION STATEMENT

The Huntington City Mission is a non-profit, non-denominational Christian organization established to meet the physical, emotional, social and spiritual needs of all individuals in its care. To that end, every guest will be given the opportunity to hear and respond to the Gospel, to grow in their relationship with God, and to achieve personal goals through an individualized plan designed to aid them in achieving self-sufficiency.

By signing below, Group Coordinator is simply acknowledging they have read and are aware of mission statement.

Group Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_

HCM Volunteer Coordinator Signature: \_\_\_\_\_ Date \_\_\_\_\_