



Marbridge

Individual Volunteer Application

Thank You

On behalf of the residents, thank you for considering giving the gift of your time and talent to Marbridge. Your role as a volunteer is important to us, and we hope that we can help you make the most of this opportunity. *Together*, we can make a difference in the lives of some very special people.

Marbridge Mission Statement

Marbridge is a non-profit residential community that offers transitional and lifetime care to adults with a wide range of cognitive abilities and—through compassion and faith—provides them opportunities to learn, experience and achieve a whole new life.

Marbridge Core Values

Learn, Experience, Achieve, Safety, Wellbeing, Happiness

Visit Us – Attend a JAM Session

Please join us at our monthly JAM (Just About Marbridge) session! Every month we host a JAM session on the 2nd Thursday @ 9:30am. Each one-hour session guides you through the Marbridge community where our philosophy of care focuses on individuals and abilities as they Learn, Experience and Achieve. This is a great & fun opportunity to learn more about us and our awesome residents!



Follow Us on Social Media

Don't forget to *LIKE US ON FACEBOOK!!*

Volunteer Opportunities at Marbridge

- You can be a friend,** Our residents truly enjoy visitors. Join them any evening to play cards, enjoy a variety of games, or read books and magazines. You can also assist them on one of our many community outings to museums, art exhibits, sporting events, and places of historical interest. We could even use your help with assisting our residents as they learn how to cook.
- Class Assistant,** We offer a wide variety of training classes for our residents, and there are opportunities to assist in the classroom. You can assist with computer training, letter writing, art projects, or even accompany the class on field trips.
- a mentor,** Many of our residents have families that do not live in the Austin area, and some of our younger residents need a positive role model. Be a guide and mentor for residents as they work to achieve their full potential.
- provide services,** Marbridge is in need of your skills! We could use help repairing our fleet of bikes, musical talent, painting our barn or fence line, sports knowledge, or even providing haircuts or makeovers.
- or just lend a hand.** There is so much to do here at Marbridge – this is just an overview. You can also help with community events here on campus, or reach out to others and encourage them to get involved too.
- Questions?** Please contact Haley Koop at (512) 282-1144, or send an e-mail to hkoop@marbridge.org. She will be happy to answer any questions you may have.

Registration

Name: _____

DOB: _____

Phone: _____

Street Address: _____

City: _____ State: _____

County: _____ Zip Code: _____

Email : _____

In case of emergency please notify: _____

Relation: _____

Address: _____ Phone: _____

Please indicate your age: under 13 13-18 over 18

****Please note that an adult must accompany any member under the age of 18.
Please refer to Minor Volunteer & Parental Consent.***

Special Interest & opportunities (check all that apply.):

Dance Nature Gardening Entertainment

Religion Mentor Arts & Crafts Education

Music Job Skills Group Activities Animals

Computer Skills Administration Seasonal Celebrations

Special Olympics Volunteer outing w/ residents Compassion Team Nursing Home

Field Work / Internship Service Hours/hrs for school

Other: _____

Special Skills / Certification: _____

Are you open to being called on an as-needed basis for special activities? _____

What is your availability? _____

How did you learn about Marbridge? _____

Have you been or are you currently an employee of Marbridge? _____

Have you been affiliated with Marbridge in the past? _____ If yes, in what capacity? _____

Occupation: _____

Past Volunteer Experiences: _____

Policies & Statements:

Minor Volunteer & Parental Consent (for volunteers under the age of 18)

It is Marbridge policy for a volunteer under the age of 18 to be accompanied by an adult during the entire period of one's volunteerism.

I, _____, Parent/ Guardian of _____,
Hereby give my consent for my son/daughter to participate in the Marbridge Volunteer Program. Furthermore, I understand the above stated policy and agree to assign adult supervision during my son/ daughter's volunteer time at Marbridge.

Parent/ Guardian Signature

Date

Authorization for Driving Record Report:

YOU DO NOT HAVE TO BE WILLING TO DRIVE TO BECOME A VOLUNTEER

- () I am willing to drive a **Marbridge vehicle** to transport Marbridge Resident's to fulfill my volunteer duties.

- () I am **not** willing to drive a Marbridge vehicle to transport residents.

If you are willing to drive your personal vehicle we will need to run a driving record AND you will need to have specific accident coverage on your personal insurance plan.

- () I am willing to drive my personal vehicle to transport residents.

I, _____, authorize Marbridge to check my driving record and request a Motor Vehicle Report (MVR).

INSURANCE PROVIDER _____

Drivers License Number: _____ State: _____

DOB: _____

Expiration Date: _____

Volunteer Signature _____

Date _____

NEED COPY OF:

TEXAS DRIVERS LICENSE *(needed for all Volunteers)*

INSURANCE POLICY *(insurance only if driving personal vehicle)*

***Criminal History and Sex Offender Background
Check Authorization Form:***

Release for Criminal/ Sex Offender Report (Background Check)

In accordance with State licensing regulations, a criminal conviction check is required for all persons in direct contact with the residents of our community. Marbridge recognizes that this information is personal and confidential and will be for exclusive use of this facility. We must ensure the safety of our community and we ask for your authorization to conduct a criminal background check.

I, _____, give permission to Marbridge to use my personal information provided below to conduct a criminal/ sex offender background check. I agree to inform Marbridge if there is a change in my criminal record after the time the volunteer application is submitted. I certify that the information below contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Name: _____

Other names used (maiden, married, previous, etc): _____

Social Security Number: _____ will ask for if needed Date of Birth: _____

Race/ Ethnicity: _____ Gender: _____

Current Street Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Have you lived outside of Texas during the past ten years? _____

If yes, please provide your previous address (es): _____

The below form only needs to be signed by you, if there is a case where we need to run your finger print we will let you know beforehand and discuss the fee.

DPS Computerized Criminal History (CCH) Verification

I, _____, have been notified that a computerized criminal history (CCH)

Applicant or Employee Name (Please Print)

Verification check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB information I supply.

Because the name based information is not an exact search and only fingerprint record searches represent true identification to criminal history, the organization (as listed below) conducting the criminal history check is not allowed to discuss any information obtained using this method, therefore the agency may offer the opportunity to have a fingerprint search performed to clear any misidentification based on the name search, if the search provides a criminal report I know could not be mine.

For the fingerprinting process I will be required to submit a full and complete set of my fingerprints for analysis through the Texas Department of Public Safety AFIS (automated fingerprint identification system). I have been made aware that in order to complete this process I must have the correct fingerprinting (FAST) form from this agency, make an online appointment, submit a full and complete set of my fingerprints, and pay a fee of \$9.95 to the fingerprinting services company, L1 Enrollment Services.

Once this process is completed and the agency receives the data from DPS, the information on my fingerprint criminal history record may be discussed with me.

**(THIS COPY MUST REMAIN ON FILE BY YOUR AGENCY.
REQUIRED FOR FUTURE DPS AUDITS)**

Signature of Applicant or Employee

Date

Agency Name (Please Print)

Agency Representative Name (Please Print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES ___ NO ___	___ initial
Purpose of CCH: _____	
Empl ___ Vol/Contr ___	___ initial
Date Printed: _____	___ initial
Destroyed Date: _____	___ initial
Retain in your files	

I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. I realize that this is privileged information and should be for exclusive use of this facility.

Volunteer Signature

Date

Confidential Information

I understand that, as a visitor, I have access to privileged information and I am prohibited from disclosing any information about residents to unauthorized persons. I realize this disclosure is a violation of residents' civil rights and considered an invasion of privacy. I also understand that I can be prosecuted for releasing any confidential information.

Business-related information, such as core techniques, core strategies, customer lists, pricing policies and other related information, is proprietary and critical to the success of Marbridge. Such information must not be given out or used outside of Marbridge's premises or with non-Marbridge employees.

Visitor Signature_____

Date_____

****I have read and understand the Volunteer Orientation Guide: _____ (Initial)**

HIPPA: _____ (Initial)

Resident Rights: _____ (Initial)

Safety: _____ (Initial)

DPS: _____ (initial)

Date: _____