



Volunteer Agreement/ Information Sheet

This information sheet is to be completed by all applicants for volunteer positions. This is not an employment application form. All volunteers are required to successfully complete our background check process prior to volunteering. Authorization for this background check will be sent to the volunteer via email upon receipt of this signed agreement.

General information:

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell: _____ City _____ State _____ Zip _____ Email: _____

State names of relatives and friends working for WJU and relationships: _____

Name of church affiliation: _____

WJU Dept. Volunteering For: _____

Does this volunteer work require driving? YES NO

Who to Contact in Case of an Emergency:

Primary Contact:

Name: _____ Relationship: _____

Phone for emergency contact: _____ Alternate phone: _____

Secondary Contact:

Name: _____ Relationship: _____

Phone for emergency contact: _____ Alternate phone: _____

Volunteer’s Acknowledgement:

I do hereby confirm in writing my intention and desire to volunteer my skills and time to William Jessup University. I understand and accept that in so acting I will not be an employee of William Jessup University and that my volunteer services are not required to obtain University employment nor will volunteer work regularly lead to employment at WJU and that I will be provided the consideration given to other qualified applicants if I choose to apply for employment. I understand that as a volunteer at William Jessup University, I must abide by the policies and procedures of the University. I further understand and accept that I will not be given, nor do I expect, any of the rights and/or benefits associated with employment at William Jessup University. I accept that I will not be covered by worker’s compensation, and by signing this form, I am providing assurances of personal independent insurance arrangements to cover any and all liabilities for the duration of my experience at William Jessup University.

The term of this Volunteer Services commitment is contingent upon the needs of William Jessup University and shall be determined by the Supervisor named below.

Volunteer confidentiality agreement

I understand that in the course of my volunteering of services to William Jessup University, I may have access to and become acquainted with information of a confidential or proprietary nature which is or may be either applicable or related to the present or future business of the University. I agree that I will hold the Confidential Information received from WJU in strict confidence and shall exercise a reasonable degree of care.

Statement of Faith

We believe in one God, the maker of heaven and earth: Father, Son and Holy Spirit, as revealed in the Holy Bible and made known in Jesus Christ our Lord;

We believe that Jesus the divine Son became human, was born of a virgin, ministered in word and miracle, died for our sin, was raised bodily from the dead, ascended to God's right hand and is coming again for His people;

We believe that the Holy Spirit is presently ministering through the Christian community, empowering lives of godliness and service;

We believe that the Holy Bible is completely God breathed, true in all its teaching, and the final authority for all matters of faith and practice;

We believe that Jesus Christ established His church on earth to carry out His saving mission among all ethnic groups and formed her to be one holy people;

We believe in God's saving grace that calls forth from all people: faith, repentance, confession, baptism, and new life and ministry through the Spirit; and

We commit ourselves to the teachings, practice and defense of these truths until the coming of our Lord Jesus Christ.

to prevent disclosure, whether directly or indirectly, to others unless authorized to do so in writing by a member of the Executive Team.

By signing below I agree to the above stated acknowledgements, confidentiality agreement, and statement of faith.

Volunteer Print Name: _____

Volunteer Signature: _____ Date: _____

Supervisor Print Name: _____

Supervisor Signature: _____ Date: _____