The Grail in the US Crew Application (Adult)

(Please Print)

Today's Date: _____

Date of Birth: _____

T-Shirt Size: _____ County: _____

Age: _____

Name: _____
Last *First* *Middle Init.*

Address: _____City: _____State: _____Zip: _____

Phone: _____Email: _____

The Grail strives to hire applicants on a financial needs basis. Do you have challenges in any of these areas? Please check the box(es) that apply to you and the Volunteer Coordinator will reach out with more details:

☐ Haven't completed high school or received a GED. ☐ Adult or Juvenile court involvement. ☐ A parent or pregnant.

☐ Current foster care involvement. ☐ Have a disability or mental health diagnosis.

Providing the following information is optional.

In order for The Grail to provide you with the best possible work experience, please provide any information in relation to any health condition or special needs that you feel is critical. This information will remain confidential.

Allergies *(please indicate nature of reaction)*

Animals/Insects: _____**Food/Drink**: _____

Medicine/Drugs: _____**Plants**: _____

Health Conditions: _____

Medications: _____

Emergency Contact:

Name: _____

Relationship to you: _____

Home Phone: _____Work Phone: _____Cell Phone: _____

Consent to Work

By signing below I understand that I am participating in Crew activities at my own risk and acknowledge that The Grail in the US has made no warranty or representation, expressed or implied, regarding the safety of this employment program.

_____

Signature *Printed Name* *Date*

Consent for Medical Treatment

In the event of an injury or illness while under the supervision of The Grail in the US and where prompt medical treatment is needed and I am incapable of giving verbal consent:

- ☐ *I consent to the following:*
- ☐ *I do not consent to the following:*
  - *The transportation to a doctor's office, hospital, clinic, or other medical facility if such action is deemed necessary by The Grail in the US*
  - *The administration of all medical treatment deemed necessary by a licensed physician.*
  - *The transfer to a specialty hospital if such action is deemed necessary by a physician.*

_____

Signature *Printed Name* *Date*

Release of Use of Image

Crew participants may be photographed for purposes of documentation and for use in publicizing future Grail in the US activities. Possible uses include The Grail in the US print web or social media publications, sending to media with press releases, and use in exhibits. Please sign below giving permission for your image to be used in this way. Thank you.

_____

Signature *Printed Name* *Date*

Please check this box if permission is not granted. ☐

ATP Program Understanding

The Grail partners with The Warren County Juvenile Detention Center's ATP Program. ATP is for girls under 18 who have completed their sentence but do not have a safe place to go, so they stay at the detention center in the custody of the county. ATP girls will join crew for some education sessions. They will be accompanied by a corrections officer for their safety as dependents of the county. As they leave ATP they will have the chance to apply to the Crew program. By signing below I certify that I understand this.

_____

Signature *Printed Name* *Date*

Consent for Criminal Background History Check Authorization/Waiver

As part of the Crew application process, participants are asked to complete the waiver authorizing The Grail to conduct a criminal background history check if at any time one's assignment falls under the required categories as defined by the State of Ohio.
In addition, The Grail asks for voluntary disclosure of any and all prior felonies and or misdemeanors. Having a prior criminal record will not automatically make one ineligible to participate in Crew; decisions are made on a case by case basis regarding prior criminal acts.

Applicant's Printed Name: _____

Other Names That You May Be Known By, Including Maiden Name:
_____

First Five Digits of SSN:_____ DOB:_____ Sex: ✎Male ✎Female

Graduated from high school in:_____(year) City and State:_____

Current Address:_____

Previous Address:_____

Employer and Phone Number:_____

Have you ever been convicted of a felony or misdemeanor? ✎Yes ✎No

If yes, list the nature of the offense, including when and where the offense occurred:
_____
_____

Consent for Criminal Background Check

I consent to a criminal background history check. I understand that the falsification of the above facts may make me ineligible for participating in Crew.

_____
Signature *Printed Name* *Date*

Refusal to Consent for Criminal background Check

I do not give consent for The Grail in the US to conduct a criminal background history check in accordance with the laws governing the State of Ohio. I understand this may make me ineligible to participate in Crew. I understand that the falsification of the above facts may make me ineligible for participating in Crew with the Grail in the US.

_____
Signature *Printed Name* *Date*

The Grail Crew Agreement

WELCOME! It is our pleasure to welcome you as an employee with The Grail. You are an integral part of a dynamic national and international movement/organization of women committed to creating a more just and peaceful world. We're grateful for your work and we hope that you are happy with your experience with us.

The Grail has a series of policies that apply to all of us –Grail members, staff and volunteers – to protect all of our interests. The Grail has an open-door policy that encourages the participation of employees in decisions that will affect them and their responsibilities. If you have any questions or concerns, please don't hesitate to ask the Volunteer Coordinator.

Please initial in the space provided for each policy to verify that you understand and approve.

A. The Grail Code of Conduct

The Grail is a movement of women called by their spiritual values to transform the world. As such, we believe in treating all people—Grail members, employees, volunteers, and the general public—with respect and kindness. We value each person's contributions; we seek diversity of views and experience; and we assume that everyone who works for The Grail, paid or unpaid, will offer what they can to accomplish our mission. If we do that, everything else falls into place.

*Init.:*_____

B. Becoming an Anti-Racist Institution

Grail participants in the 2017 General Assembly adopted the following resolution: *The US Grail commits its collective power to becoming Anti-Racist internally and externally, viewing ALL activities through an Anti-Racist lens.*

Racism in the United States is best understood as a system of white supremacy that is maintained by social and political institutions. Therefore, becoming an Anti-Racist organization requires that the US Grail and its members understand and act on the complex dynamics of power, policies, and practices that shape US institutions, including our own organization.

*Init.:*_____

C. Equal Employment Opportunity

The Grail's intent is to employ—paid, unpaid, contractor—the best qualified, motivated, and performing individuals. It is our policy to afford equal opportunity in all aspects to all persons without discrimination on the basis of race, religion, sex, national origin, ethnicity, age, disability, political affiliation, sexual orientation, gender identity/expression, color, or marital status.

*Init.:*_____

D. Policy Against Harassment

It is the policy of The Grail that there shall be no harassment of any individuals by employees, members, or volunteers because of the individuals sex, age, race, national origin, religion, physical handicap, or sexual orientation (or any other protected status).

The Grail does not condone and will not permit harassment and, in particular, will not tolerate the making of unwelcome sexual advances to any individual; unwelcome physical, verbal, or visual behavior that is sexual in nature; or the making of remarks or jokes known to be offensive to any individual because of his/her sex, age, race, national origin, religion, physical handicap, or sexual orientation.

*Init.:*_____

E. Americans with Disabilities Act (ADA)

The Grail supports and complies with the American with Disabilities Act (ADA) of 1990, including continuing efforts to reduce barriers and make our facilities accessible as defined by state and federal statutes.

*Init.:*_____

IN ADDITION:

CONFIDENTIALITY – All who work with The Grail are expected to abide by our requirement for confidentiality. Please do not disclose or use any Grail confidential information, from us, other Grail entities or individual members, either during or after your work with The Grail.

*Init.:*_____

CONFLICT OF INTEREST – Employees who have a personal or business relationship with anyone with a financial relationship or a potential relationship with The Grail should disclose that relationship to the Grail Volunteer Coordinator to avoid any appearance of a conflict of interest.

*Init.:*_____

SMOKING/DRUG-FREE POLICY – As part of an ongoing commitment to a safe and healthy workplace, The Grail maintains a smoke-free and drug-free workplace policy.

*Init.:*_____

SPEAKING TO THE MEDIA – The Grail Executive Director will designate appropriate people to speak with the media and to make written and oral statements for publication or broadcast. Any request for information or interviews by the media should be referred to the Grail Executive Director.

*Init.:*_____

_____

Signature *Printed Name* *Date*