

Application for Volunteering

Please print legibly.

Date:

Last Name:	First Name:	Middle Initial:
Mailing Address:	City:	Zip Code:
Home Phone:	Work Phone:	Other Phone:
email address:	Birth Date (Month/Day):	<input type="checkbox"/> Check here if you are under 18

Do you work/go to school? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Business/School Name:	Occupation/Grade:
Are you a licensed driver? <input type="checkbox"/> Yes <input type="checkbox"/> No	Auto Liability Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
AVAILABILITY: (Please indicate days/times you are available to volunteer)	
Days/Times: <input type="checkbox"/> Mon _____ <input type="checkbox"/> Tue _____ <input type="checkbox"/> Wed _____ <input type="checkbox"/> Thu _____	
<input type="checkbox"/> Fri _____ <input type="checkbox"/> Sat _____ <input type="checkbox"/> Sun _____	

PERSON TO BE CONTACTED IN AN EMERGENCY:

Name:	Relationship to volunteer:
Best phone number:	Alternate phone number:

Please list any medical conditions, allergies or medical treatment restrictions you want us to be aware of:

For Office Use Only

Community Service Hours: _____

Service Group: _____

Interview Date/Time/Initials: _____

Orientation Date /Initials: _____ Start Date & Time: _____

Please indicate how you became aware of volunteer opportunities at the Resource Connection:

- Service Group _____
 Online (name of website) _____
 Friend/Family _____
 Newspaper _____
 Other (source) _____

Have you previously volunteered or worked with the Resource Connection? Yes No
 If yes, in what program? Dates?

SKILLS/INTERESTS:

List any interests, skills, or hobbies you have that might be helpful in your volunteer work:

What do you enjoy doing the most?

SKILLS Please check all that apply:

- | | | | |
|---|--|--|---|
| <p>Clerical</p> <input type="checkbox"/> Reception/Phones
<input type="checkbox"/> Filing
<input type="checkbox"/> Mailings
<input type="checkbox"/> Photocopying
<input type="checkbox"/> Data Entry/Typing | <p>Events</p> <input type="checkbox"/> Planning/Organizing
<input type="checkbox"/> Advertising
<input type="checkbox"/> Information Booth
<input type="checkbox"/> Event worker
<input type="checkbox"/> Set-up/Clean up | <p>Children</p> <input type="checkbox"/> Childcare
<input type="checkbox"/> Classroom
<input type="checkbox"/> Family Education
<input type="checkbox"/> Play groups | <p>Outreach/Marketing</p> <input type="checkbox"/> Public Speaking
<input type="checkbox"/> Writing
<input type="checkbox"/> Newsletter
<input type="checkbox"/> Photography
<input type="checkbox"/> Film Making
<input type="checkbox"/> Multimedia Marketing |
| <p>Warehouse Work</p> <input type="checkbox"/> Stocking Shelves
<input type="checkbox"/> Bagging Food
<input type="checkbox"/> Truck Driver | <p>Computers</p> <input type="checkbox"/> Social Networking
<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Website Management | <p>Legal</p> <input type="checkbox"/> Notary
<input type="checkbox"/> Courtroom
<input type="checkbox"/> Legal Assistance | <p>Financial</p> <input type="checkbox"/> Accounting
<input type="checkbox"/> Bookkeeping
<input type="checkbox"/> Record Keeping |
| <p>Thrift Store</p> <input type="checkbox"/> Retail
<input type="checkbox"/> Donation Pick-up | <p>Miscellaneous</p> <input type="checkbox"/> First Aid/CPR
<input type="checkbox"/> Transportation | <input type="checkbox"/> Grounds Maintenance
<input type="checkbox"/> Counseling | |

If you are able to fluently speak, read or write any language *other than* English, please list the language(s):

Language: _____ Speak Read Write

REFERENCE:

1)			
Name:	Relationship to applicant:		
Mailing Address:	City:	State:	Zip Code:
Phone:	email:		

TERMS and CONDITIONS: Please read carefully, **initial each paragraph** and sign below.

_____ I understand that I am not considered an employee of the Resource Connection while performing volunteer work for the organization.

_____ In connection with my voluntary involvement in activities undertaken for, and with the participation and support of the Resource Connection, a nonprofit organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge the Resource Connection, its officers and directors, employees, agents, and volunteers from all claims, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence and I agree to release and hold the Resource Connection, its officers and directors, employees, agents, and volunteers harmless from any cause of action, claim, or suit arising therefrom.

_____ I understand I am not covered by Workers' Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer and that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

_____ I further grant to the Resource Connection, its assigns and successors, my consent and full right to use my name, photograph, likeness, image, and voice in any and all media, publications, advertising, and publicity in connection with my participation hereunder.

_____ Ability to pass a background check *may* be required.

_____ The Resource Connection is not obligated to provide a placement, nor are you obligated to accept the volunteer position offered.

_____ Opportunities for volunteers are provided without regard to religion, creed, race, national origin, age, sex or any additional categories, as prohibited by law. The Resource Connection complies with laws regarding reasonable accommodations for individuals with disabilities.

_____ In case of an accident or medical emergency, I authorize a staff member of the Resource Connection to seek emergency medical treatment and use measures as are deemed necessary to preserve the life, limb or well being of myself, at my own expense.

My Signature indicates that:

1. The information I have provided in this application is true and correct to the best of my knowledge. I agree to the above initialed Term and Conditions.
2. If the volunteer is a minor, I, the parent/guardian, give my permission for my child/ward to volunteer and give my consent to check my child/ward's references and seek medical attention for my child/ward, if necessary.

Applicant Signature

Date

I am the parent and/or guardian of the minor, and have the legal authority to execute consent and release. I approve the foregoing and waive any rights to the above.

Print Name

Phone

Signature

Date