**Event Volunteer Application**

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| **VOLUNTEER’S GENERAL INFORMATION** |
| Name: | Date of Birth:  | Driver’s License Number: |
| Address: |
| Phone Number(s): |
| Email Address |
| Preferred Method of Contact: [ ] Phone [ ] Email  |
| **EMERGENCY CONTACT**  |
| Name:  | Phone: |
| Relationship:  |
| **EVENT DETAILS** |
| Event Name: | Event Date:  |
| Event Address: |
| **ALL ABOUT YOU** |
| Have you volunteered before? Please describe.  |
| Why are you interested in volunteering with this organization? |
| Are you affiliated with any community organizations or clubs?If so, please explain |
| Describe any special skills, talents, secondary languages, or hobbies you may have. |
| Who is your current employer (if applicable)?  |
| What is your highest level of education? |
| Please list any certifications (First Aid and CPR) you may have along with the dates of certification and expiration of the same: |
| Do you have any prior criminal convictions or offenses? If so, please describe.  |
| **VOLUNTEER POSITION PREFERENCES**  |
| Please list your volunteer position preference(s):  |
| How many hours and days are you available for volunteer work?  |
| What training, experience, or skills do you have that may be related to the volunteer position desired?  |
| **PHYSICAL LIMITATIONS**  |
| Please list any physical limitations you may have:  |
| **REFERENCES**  |
| Name: | Phone: |
| Relationship  |
|  |
| Name:  | Phone:  |
| Relationship:  |
| **MISCELLANEOUS**  |
| What is your T-Shirt size?  |
| How did you hear about us?  |

**Volunteer Agreement**

**Medical Treatment.** I hereby release and forever discharge \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from any claim whatsoever which may arise in relation to any treatment, first aid, or service rendered with my activities with \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

**Insurance.** I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ does not maintain or carry medical, health, or disability insurance coverage to any volunteer. Every volunteer is expected to attain their own medical or health insurance.

**Fitness.** I certify that I am physically, mentally, and emotionally fit to perform the volunteer activities as assigned as part of the above-referenced event.

If you are under the age of eighteen (18) years old a parent or legal guardian must sign below.

I hereby agree that my answers to this event volunteer agreement are true and correct as of the effective date below and that I have not knowingly or willingly left out any fact or circumstance that would, if disclosed, adversely impact my application. I understand that any false information submitted with this application may result in my removal as a volunteer for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I agree to abide by all rules, regulations, polices, and procedures set by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_’s guidelines.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Applicant’s Signature

For applicants under the age of eighteen (18), the undersigned parent of legal guardian of the minor volunteer consents to the applicant submitting this event volunteer application and volunteering as described above.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Parent or Legal Guardian’s Signature.