



VOLUNTEER APPLICATION

Volunteer Contact Information

First and Last Name _____ Are you 18 or older? Yes No

Willing to share Birthday? Yes No If so, ____/____/____
mm dd yr

Street Address _____ City & Zip _____

Home Phone _____ Mobile Phone _____ Texts okay? Yes No

Email Address: _____ Best Way to Communicate: Texts Email Phone

Would you like to receive email alerts about what is happening at PS-S? Yes No

Newsletter sign up: Paper Electronic Already receive None (Opt Out)

How did you hear about the Project Self-Sufficiency Volunteer Program?

Availability

What date would you like to begin your volunteer service? _____

How often would you like to volunteer? Weekly Monthly Annually As needed

When are you available?

Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Mornings – 9 a.m. to Noon							
Afternoon – Noon to 5:00 p.m.							
Evenings – After 5:00 p.m.							

Experience & Interest

Employer _____ Position _____

Work phone _____ Can you volunteer during business hours? Yes No

List any past volunteer experiences:

- 1) _____
- 2) _____
- 3) _____

What compelled you to want to volunteer for PS-S?

At which PS-S location would you like to volunteer? Loveland Fort Collins

What types of projects interest you? One-Time Short-Term Ongoing

PLEASE CHECK EACH STRONG SUIT THAT APPLIES:

- | | | | |
|----------------------------------|--------------------------|--|--------------------------|
| <i>Board of Directors</i> | <input type="checkbox"/> | <i>Manual Labor/Landscaping</i> | <input type="checkbox"/> |
| <i>Tutor</i> | <input type="checkbox"/> | <i>Marketing/PR/Outreach</i> | <input type="checkbox"/> |
| <i>Childcare</i> | <input type="checkbox"/> | <i>Mass/Bulk Mailings</i> | <input type="checkbox"/> |
| <i>Clerical/Office</i> | <input type="checkbox"/> | <i>One-Time Special Projects</i> | <input type="checkbox"/> |
| <i>Computers</i> | <input type="checkbox"/> | <i>Participant Speaker</i> | <input type="checkbox"/> |
| <i>Fundraising/Grant Writing</i> | <input type="checkbox"/> | <i>Solicit Goods/Services</i> | <input type="checkbox"/> |
| <i>Friends of PS-S</i> | <input type="checkbox"/> | <i>Special Event – Planning/Coordinating</i> | <input type="checkbox"/> |
| <i>Head a Committee(s)</i> | <input type="checkbox"/> | <i>Training Other Volunteers</i> | <input type="checkbox"/> |

Describe your experience in the positions or projects you list above:

Limitations Related to Health

Are there any health conditions or physical limitation that may affect your ability to volunteer? Yes No

How could we best accommodate your medical needs?



VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability (the "release") executed on _____ by _____ ("Volunteer") releases **Project Self-Sufficiency of Loveland-Fort Collins**, ("Nonprofit") a nonprofit corporation organized and existing under the laws of the State of Colorado and each of its directors, officers, employees, and agents.

The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer _____ [insert title of volunteer service]. Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.

2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of such injury or medical expenses incurred by me.

3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.

4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, but not limited to _____ [specific known dangerous activity, such as "construction work" or hazardous activities] involving inherently dangerous activities. _____, a volunteer, hereby expressly assumes the risk of injury or harm from these activities and Release Nonprofit from all liability for injury, illness, death or property damage resulting from the services I provide as a volunteer or occurring while I am providing volunteer services.

5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit. This applies to myself, _____, and my minor child(ren), named here: _____, _____, and _____ (fill in as many spaces as apply). I grant Nonprofit the right to edit, use, reuse, exhibit and distribute said materials in print, on the internet, and in all other forms of applicable media, whether now known or hereafter existing, without payment or any other considerations. I also hereby release Nonprofit, its employees, its board and other agents from all claims, demands and liabilities whatsoever in connection with the above. I also authorize the use of my name or, if I choose, a fictitious name, in connection with these media materials.

6. **Other:** _____, a volunteer, expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Print

Date

**If Volunteer is under the age of 18, a parent or guardian must sign below.*

PARENTAL CONSENT FORM

I, the parent or guardian of _____, give my voluntary consent to his/her participation in Project Self-Sufficiency of Loveland-Fort Collins at _____ [event or activity] on _____ [date].

I hereby release Project Self-Sufficiency of Loveland-Fort Collins, the State of Colorado, the Board of Directors, and their officers, employees and agents from any and all liability resulting from events beyond their control.

In the event of an accident, injury, or illness, the above stated and its agents do not assume any responsibility or obligation to provide financial assistance or other assistance, including but not limited to, medical, health, or disability insurance, in the event of an accident, injury, illness, death or property damage. In the event of an accident, injury, or illness, the above stated and its agents will make every effort to contact parents/guardians immediately if necessary.

Furthermore, I release Project Self-Sufficiency of Loveland-Fort Collins, the State of Colorado, the Board of Directors, and their officers, employees and agents and volunteers for any loss, personal injury, accident, misfortune, or damage to the above named individual or his/her property, with the understanding that reasonable precautions shall be taken to ensure his or her health and safety.

Signature of Parent/Guardian

Date

Printed Name of Parent/Guardian

()
Phone Number

EMERGENCY CONTACT INFORMATION

Primary Emergency Contact

Emergency Contact: _____

Relationship: _____

Telephone Number: _____

Okay to leave a message? Yes No

Second Emergency Contact (optional):

Emergency Contact: _____

Relationship: _____

Telephone Number: _____

VOLUNTEER CONFIDENTIALITY STATEMENT

As a Project Self-sufficiency volunteer, I understand that Federal Regulations on Confidentiality require that I not reveal the identity of any person I may see or discuss while at the agency. I understand that any disclosure of client information, including the person's presence in the program, or description of any person, without a specific written consent from that person may be interpreted as a Federal Criminal Offense.

In addition, I will not divulge any donor information I may be privy to for the purpose of volunteering at Project Self-sufficiency. This includes, but is not limited to, names and addresses of donors, frequency of giving and amounts given.

I agree to maintain the confidentiality of program participants and donors of Project Self-Sufficiency of Loveland-Fort Collins.

Signature

____/____/_____
Date

Project Self-Sufficiency Employee

Title