

Many are called, but few are chosen (Matthew 22:14)

## **Volunteer Application**

Name:					
	first	initial	last		
Address:					
	number	street		Apt No.,	Unit No., P.O Box
	City/Town			Postal Co	ode:
Phone:		Email:			
Are you a stı	udent?	School:	Area	of Study:	
Position App	olying For:	(check all that apply)			
<ul> <li>Research &amp; Development</li> <li>Administrative/Clerical Support</li> <li>Fundraising</li> <li>Grant-writing</li> <li>Marketing</li> <li>Tutor</li> </ul>			<ul> <li>Mentor</li> <li>Board Development</li> <li>Programs</li> <li>Fashion/Beauty Consultant</li> <li>Graphic Design</li> <li>Social Media</li> </ul>		
Number of F1-55-1010-15	Iours Avail	lable to Volunteer Eacl	ı Week:		
Please list th	e time fran	nes you are available to	work/volunt	teer after s	school or on weekends.
Monday:		End	•		
•			•		End
Wednesday		End	Sunday	Start	End
Thursday	Start	Fnd			

## **List Any Previous or Current Volunteer Experience:**

Organization 1	Position/Major Responsibility	Dates of service (yy/mm) From: To:
Please answer the follow	ving questions in paragraph form.	
experience.	about your interest in volunteering and how	
2. Briefly explain your kn	nowledge about Child Sexual Exploitation/H	uman Trafficking.
3. Do you have any specia	al skills or experience related to the position	you are applying for? Yes/No
-		
	ted or convicted of any criminal offense?	
•		
Please exclude the follow  ☐ Minor Traffic violation		
Do you consent to a routing	ne check of your criminal records?	□ Yes □No

## Liability Disclaimer:

I, and my heirs, in consideration of my participation in The Chosen One's, Inc., hereby release The Chosen One's, Inc., its officers, employees and agents, and any other people officially connected with this organization and/or event, from any and all liability for damage to or loss of personal property, sickness or injury from whatever source, legal entanglements, imprisonment, death, or loss of money, which might occur while participating with this organization/in this event. I am aware of the risks of participation. I understand that participation in this program is strictly voluntary and I freely chose to participate. I understand that The Chosen One's, Inc., does not provide medical coverage for me. I verify that I will be responsible for any medical costs I incur should the need arise as a result of my participation. I understand that I am acting as an independent contractor, and further, I understand that I am not entitled to workers compensation in the event of injury or death."

Certification of Application:	
	ed by me on this application is true and complete. I understand that if any epresentations are discovered my application may be rejected and active
G. CA P.	
Signature of Applicant	Date