

VOLUNTEER APPLICATION

Applicants for on site camp positions must be at least 18 years of age (and graduated from high school) with medical insurance

Date of Birth: ____/____/____

Name: _____

Male/Female

Current Address: _____

Daytime Phone: _____

Evening Phone: _____

Cell phone: _____

Permanent Address: _____

Adult T-shirt size: sm med lg
XL XXL

E mail address: _____

Emergency Contact: Name, relationship, and phone: _____

Please check the appropriate box for the position you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> Camp activity person | <input type="checkbox"/> office or secretarial support |
| <input type="checkbox"/> Camp medication nurse | <input type="checkbox"/> Support group volunteer |
| <input type="checkbox"/> Camp cabin leader | <input type="checkbox"/> Art project or craft teacher |
| <input type="checkbox"/> Camp cabin co-leader | <input type="checkbox"/> Music project or coach |
| <input type="checkbox"/> Other camp volunteer | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Other help or talents: _____ | |
| <input type="checkbox"/> Camp junior counselor (must have attended 2 prior years) | |

VOLUNTEER AND COMMUNITY SERVICE EXPERIENCE:

- 1) Organization Name _____ Dates: _____
Position: _____
City/State: _____ Supervisor/phone: _____
- 2) Organization Name _____ Dates: _____
Position: _____
City/State: _____ Supervisor/phone: _____

EDUCATION: give name, location, dates attended, degree completion or concentration

High School: _____

College: _____

Post College: _____

Other Education/Training: _____

Do you have any professional certification (Nursing, teaching?) or other certification (First aid, CPR, Life guard, Water Safety Instructor)? If so, please attach a copy of the certification with expiration date:

Do you speak or read any language other than English? How fluent are you?
Language: _____ Level of fluency: reading/speaking _____

EMPLOYMENT EXPERIENCE (present or most recent work experience)

Employer: _____ Dates: _____

Position: _____

City/State: _____ Supervisor/phone: _____

Employer: _____ Dates: _____

Position: _____

City/State: _____ Supervisor/phone: _____

REFERENCES:

Name _____ Nature of Relationship: _____

Phone: _____ E-mail: _____

Name _____ Nature of Relationship: _____

Phone: _____ E-mail: _____

Have you ever been convicted of a crime including child sex abuse?

Yes__ No__

What do you feel are your most important qualifications for the job? What special gifts or talents would you bring to our programs?

If you have not been a volunteer with us before, Please Print or type your answers in the space allotted:

How did you hear about Beats and Rhythms?

Why do you want to work with children with Congenital Heart Disease?

Beats & Rhythms

BACKGROUND INFORMATION

Have you ever been convicted, plead guilty, plead no contest or had adjudication withheld on any misdemeanor or felony charge? YES NO

Are there any criminal charges pending against you? YES NO

Have you ever had any license, certificate or employment suspended, revoked, terminated or adversely affected?
 YES NO

If yes to any of these questions, provide a full description including dates, circumstances, and authorities involved:

PLEASE NOTE:

Before we can offer any volunteer positions with Beats & Rhythms the candidate's background information must be checked. Please fill out the Background Verification and Background Request Form included.

Beats & Rhythms

BACKGROUND INVESTIGATION CONSENT

Please read carefully and sign below

I, _____ (Print Name) hereby authorize Beats & Rhythms to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal or other violations. This information will include, but not be limited to; allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of any state or federal government agency or authority.

I hereby authorize and instruct all persons, public agencies, courts, schools, employer companies and corporations to supply to Beats & Rhythms verification of the information provided in my application, including without limitation evaluations of my prior performances, and I hereby release them from all liability from their doing so.

The above statements are true and complete in all respects.

Upon the offer of a staff, volunteer or other position, I understand that I must supply the camp with an updated medical evaluation to be forwarded by my physician.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified and /or corrected by Beats & Rhythms by contacting persons or organizations named in this application.

Signature: _____ Date: _____

Print Full Name: _____

Print any other/previous names used: _____

Date of Birth: _____

***NOTE:** The above information is required for identification purposes only, and is in no manner used as qualifications for employment. Beats & Rhythms is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap or National Origin.

PHOTO RELEASE

Name: _____

Date of Birth: _____

The undersigned do hereby authorize Beats & Rhythms to interview, photograph or make any other visual or audio recordings of the person named above, who will be identifiable.

The undersigned authorizes for television, radio, magazine, newspaper, web site and any other forms of media presentation, for related stories about the activities sponsored by Beats & Rhythms and/or summer camp.

Authorization and/or consent as outlined above are hereby granted. I hold Beats & Rhythms, its agents, employees, and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

Signature: _____

Date: _____

Beats & Rhythms
RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand that there are risks and dangers inherent in participating in the activities offered by Beats & Rhythms. I also understand that in order to participate in the activities offered by Beats & Rhythm, Inc. I must give up my rights to hold Beats & Rhythms liable for any injury or damage which I may suffer while participating in activities offered by Beats & Rhythms and/or attending summer camp.

KNOWING THIS, AND IN CONSIDERATION THAT I AM VOLUNTARILY PARTICIPATING IN ACTIVITIES OFFERED BY BEATS & RHYTHMS AND/OR ATTENDING SUMMER CAMP, I HEREBY VOLUNTARILY RELEASE BEATS & RHYTHMS FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY PARTICIPATION IN ACTIVITIES OFFERED BY BEATS & RHYTHM AND/OR ATTENDING SUMMER CAMP.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agent, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in activities offered by Beats & Rhythms. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST BEATS & RHYTHMS THEIR OFFICERS, AGENTS OR EMPLOYEES.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in the activities offered by Beats & Rhythms and/or attending summer camp.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representative, my assigns, my children and any guardian ad item for said children and I understand and agree that by signing this Release, I am agreeing to indemnify and hold Beats & Rhythms, their officers, agents and employees harmless from any and all liability or cost including attorney fees, associated with or arising from my participating in the activities offered by Beats & Rhythms and/or attending summer camp.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers participating in the activities offered by Beats & Rhythms and/or attending summer camp.

Signature: _____

Date: _____

Print Name: _____

Witness: _____

Date: _____