

I CAN STILL SHINE - Client or Volunteer Application

(Circle One) - Please renew you application every year

YOUR NAME _____

EMAIL _____ CELL NUMBER _____

Do not add your email if you do not want to be on monthly EMAIL BLASTS

HOME ADDRESS, CITY, STATE, ZIP :

EMPLOYER _____

DRIVERS LICENSE NO. _____ STATE: _____

ANY SPECIAL TRAINING (CPR, ETC.) _____

COMMUNITY AFFILICATIONS (CLUBS, ETC.) _____

PREVIOUS VOLUNTEER
EXPERIENCE ___ YES/NO _____

HAVE YOU WORKED WITH WOMEN AND KIDS? _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES/NO _____

PLEASE LIST 3 REFERENCES FOR YOU, NAME AND PHONE NUMBERS:

I WANT TO BE A CLIENT _____ OR A VOLUNTEER _____

If you want to be a client we will have other forms to sign on your first day of visit. Client intake Monday - Thursday 1-4 pm at our office in North Richland Hills.

Please sign and date this application below. By signing above you agree to all our rules, Release of Liability. We are also allowed to take photos of you and your children for outreach purposes.

As a condition of volunteering I give permission for the ICSSP Program to conduct a background check on me which may include a review of sex offender's registry, child abuse and criminal history records. I understand that if appointed, my position is conditional on the ICSSP Program receiving no inappropriate information on my background.

I hereby release and agree to hold harmless from liability and discharge ICSSP their staff, their agents, employees, counselors, churches, officers, agents, independent contractors, volunteer's employees, churches, affiliates, successors, businesses hosts or partners. I also release and assigns any and all firms, corporations, liability of who might be claimed to be liable for claims, none of whom admit any liability to the undersigned but all expressly denying liability from any claims, demands, actions causes of actions or suits of any kind or nature whatsoever, which I now have or may hereafter have arising out of or in any way reflecting to any and all injuries, damages or any and every kind to both person and property and also any all injuries and damages that may develop in the future as a result or any way relating to the following harm, personal injury including death, property damage, lawsuits, lost or stolen items, judgments including court costs, expenses, reasonable attorney's fees; and any and all other expenses resulting from any services provided by ICSSP.

I also understand that, regardless of previous appointments, the ICSSP Program is not obligated to appoint me to a volunteer position. If appointed I can be released if I do not meet ICSSP Program guidelines. I also agreed to the Release of Liability form. ICSSP will not discriminate due to race, creed, color, national origin, religious belief, or physical disability.

YOUR SIGNATURE _____ DATE SIGNED: _____ 2016

BY SIGNING THIS FORM YOU AGREE TO OUR RULES AND RELEASE OF LIABILITY. IF YOU ARE UNDER 18 PLEASE HAVE YOUR PARENT MUST SIGN FORM. VOLUNTEERS UNDER 18 MUST HAVE PARENT PRESENT AT EVENTS.

Please scan and Email form to brendajackson11@aol.com or fax to - 817-887-1278