



Volunteer Application

First Name			Last Name		
Address					
City			Zip Code		
Home Phone			Mobile Phone		
Email Address			Driver's License #		
Emergency Contact Name			Emergency Contact Phone		
Date available to begin			Are you over 18?		Are you over 21?
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
to	to	to	to	to	to
Are you interested in becoming a long term Core Volunteer (3+ months/200 hours)?				YES	NO
Please provide 3 professional (Individuals who can attest to your skills, qualifications, and abilities) references.					
	Name	Contact Relationship	Contact Number		
1.	_____				
2.	_____				
3.	_____				
I hereby authorize PC to thoroughly investigate my references, work record, education and other matters related to my suitability for placement and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records. I release and hold harmless the PC and its employees, as well as previous employers, and persons associated with them, from any and all claims relating to such investigation. Please Initial _____					
Why do you want to volunteer at Project C.H.A.N.C.E.?					
Previous volunteer experience					
List any special skills, language abilities, talents and/or interests that might be valuable to your service.					
Languages spoken					
Are you able to perform the essential functions of the position for which you are volunteering, either with or without reasonable accommodations? Circle one.				YES	NO
Have you ever been convicted for a crime other than a traffic violation? (Note: A failure to answer truthfully will adversely impact your ability to volunteer at Project C.H.A.N.C.E.)				YES	NO
If yes, please explain:					

Volunteer Application

Questions or comments	
Signature	Date

STUDENTS		
Are you at least 18 years of age? Circle one.	YES	NO
Which school do you attend?		
Will you receive academic credit for your volunteer work? Circle one.	YES	NO

Office Use Only					
Interview Needed?	YES	NO	Training Needed?	YES	NO
Job Assignment					
Days			Times		
Start Date					
Notes					



Volunteer Application

VOLUNTEER AGREEMENT, RELEASE OF LIABILITY AND WAIVER OF ALL CLAIMS

1. I, _____ (print name), agree to work for Project C.H.A.N.C.E. as a volunteer.
2. As a volunteer, I hereby agree, at all times, to respect the confidential nature of any and all information I am privileged to know or have access to regarding the children and/or parents involved in our programs.
3. I further understand that I am committed to following Texas Family Code regarding suspected or revealed child abuse. Any and all suspected abuse it to be reported immediately to the Executive Director of Project C.H.A.N.C.E.
4. As a volunteer, I understand that I control the dates and times when I do the work and that Project C.H.A.N.C.E. (PC) is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.
5. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 40 pounds and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.
6. I am aware that in volunteering I may incur personal injury. I desire to relieve Project C.H.A.N.C.E. from any financial responsibility for any personal injury I may incur as a result of my voluntary services.
7. I release the Project C.H.A.N.C.E. and all of its employees and officers, and waive all claims against them for personal injury I may incur as a volunteer.
8. No promise, inducement, or agreement has been made to me to induce me to release the Project C.H.A.N.C.E. from liability for any personal injury incurred by me as a result of my voluntary services, nor has any promise of inducement, or agreement been made to me in return for the express waiver of rights referred to above.
9. As consideration for volunteering for Project C.H.A.N.C.E., I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against or sue Project C.H.A.N.C.E. or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors of Project C.H.A.N.C.E. as a result of my volunteering. I HEREBY RELEASE AND DISCHARGE PROJECT C.H.A.N.C.E. AND ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS, OR DEMANDS THAT I, HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION IN THE PROJECT.
10. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF THE PROECT, I WILL NOT UNDER ANY CIRCUMSTANCES RECEIVE ANY TYPE OF COMPENSITON. I authorize Project C.H.A.N.C.E. to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.
11. I understand that the materials and tools provided by Project C.H.A.N.C.E. are and remain the property of Project C.H.A.N.C.E., and I agree to return these tools and any remaining materials to Project C.H.A.N.C.E. at the end of my volunteer service.
12. I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Volunteer or Legal Guardian/Parent Signature

Printed Name of Volunteer or Legal Guardian/Parent

Date

Project C.H.A.N.C.E. Representative Signature

Printed Name

Date

Address

City

Zip



Volunteer Application

Authorization for Photo Release

I authorize Project C.H.A.N.C.E. (PC), its employees, its affiliates, successors and assigns, and those acting with its permission or under its authority, full rights and exclusive permission in perpetuity to copyright and/or publish:

- o Photographs of myself.
- o Confidential facts from my case file, as deemed appropriate.
- o Contents of interviews between myself and representatives of the media and/or PC.

I further authorize PC to make any changes or additions whatsoever to the photographs referenced above. I understand that editorial matter may accompany these photographs and that any combination of personal facts, interview content, photographs, and/or other digital reproductions or other reproduction of my physical likeness may be used for publication processes, whether electronic, print, digital or electronic publishing via the Internet. I further understand that any such photographs and/or publications and all rights thereto shall be the sole property of PC, without payment of consideration of any nature to the undersigned.

I certify that I am over the age of eighteen and of full legal capacity.

Signature		Date
Print Name		
Address		
City	State	Zip

Photo Release for Children Under 18 Years of Age

I hereby grant to Project C.H.A.N.C.E., its employees, its affiliates, successors and assigns, and those acting with its permission or under its authority, the right to photograph my dependent and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

I certify that I am a custodial parent and have the aforementioned rights to assign.

Print Name of Minor		
Signature of Guardian		Date
Print Name of Guardian		
Address		
City	State	Zip