

I CAN STILL SHINE VOLUNTEER APPLICATION 2019

YOUR NAME _____

EMAIL (we only correspond mainly by email – but you are welcome to call anytime)

OCCUPATION _____

EMPLOYER _____

YOUR HOME ADDRESS/Cell: _____

DRIVERS LICENSE NO _____ STATE: _____

ANY SPECIAL TRAINING (CPR, ETC.) COMMUNITY AFFILIATIONS (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, THEIR NAME AND PHONE NUMBERS, CO WORKERS, PASTORS, FAMILY, FRIENDS:

(Check all that apply)

I WANT TO BE A VOLUNTEER: _____, **PLEASE ADD ME TO EMAIL LIST.**

I WOULD LIKE TO START HELPING _____, (MONTH) i.e. July, 2019

I WOULD ALSO LIKE TO COOK OR SERVE THANKSGIVING MEAL _____

I WILL BUY A GIFT FOR A CHILD, OR SERVE AT CHRISTMAS EVENT _____

In which of the following would you like to participate? (*Circle any – please pick at least 3*) Event Planning, Health Cares, PR Chamber Events, Fundraising, Event Planning, Health Fares, Fundraising, Kitchen – Children’s Program, Monthly Events, Haircuts, Facials, Massages, Pedicures, Manicures,

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

SIGN HERE _____ DATE: _____

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.

_____ **DATE SIGNED:** _____
Your Signature Here /and Parent if under 18

BY SIGNING THIS FORM YOU AGREE TO OUR RULES AND RELEASE OF LIABILITY. IF YOU ARE UNDER 18 PLEASE HAVE YOUR PARENT ALSO SIGN THE FORM ALSO.