

I CAN STILL SHINE VOLUNTEER APPLICATION – 2025/2026

YOUR NAME: _____

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

OCCUPATION _____

EMPLOYER _____

YOUR HOME ADDRESS _____

CELL NO: _____

DRIVERS LICENSE NO _ _____ STATE: ____TX_____

ANY SPECIAL TRAINING (CPR, ETC.) COMMUNITY AFFILIATIONS (CLUBS, ETC.)

PREVIOUS VOLUNTEER EXPERIENCE YES/NO ____Yes,

HAVE YOU WORKED WITH WOMEN AND KIDS? __Yes/No_____

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: ____Yes_____, PLEASE ADD ME TO EMAIL LIST. Yes/No

I WOULD LIKE TO START HELPING _____, (MONTH/YEAR) i.e. _____

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 as many as you want*) Event. Planning, Health Cares, PR Chamber Events, Fundraising, Event Planning, Health Fairs, Fundraising, Kitchen – Children's Program, Crafts, Monthly Events, Haircuts, Facials, Massages, Pedicures, Manicures, Serve Lunch, type Resumes.

__Event Planning, PR Chamber Events, Fundraising, Health Fairs, Childrens Programs, Monthly Events, Serve Lunch_____

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: _____

CLIENT AND VOLUNTEER RELEASE OF LIABILITY and PROGRAM RULES

READ THIS CAREFULLY – THIS AFFECTS YOUR LEGAL RIGHTS

In exchange for participating in the programming or activities of I Can Still Shine Program (ICCSP), I, _____Brittany Llewellyn_____, hereby agree for myself and (if applicable) for members of my family, heirs, and assigns, to the following:

- 1. AGREEMENT TO FOLLOW DIRECTIONS.** I agree to follow the policies and procedures of ICCSP observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by ICCSP, and its employees, and agents.
- 2. RELEASE AND WAIVER OF CLAIMS.** I hereby release ICCSP, its employees, agents, host churches, and institutional partners from any and all claims, past, present, or future, including but not limited to claims of property damage or personal injury, causes of action, damages, judgments, costs, or expenses, including attorney fees or other litigation costs, resulting from or arising out of my or my family's presence on the property of ICCSP or participation in the activities of ICCSP.
- 3. STOLEN PROPERTY.** I acknowledge that ICCSP is not responsible for lost or stolen items.
- 4. INDEMNIFICATION.** I agree to indemnify and defend ICCSP, its employees, agents, host churches, and institutional partners, against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees or other litigation costs, resulting from my or my family's presence on the property ICCSP or participation in the activities of ICCSP.
- 5. FEES.** I agree to pay for all damages to the property and facilities of ICCSP caused by any negligent, reckless, or willful actions caused by myself or my family.
- 6. PERSONAL CONDUCT.** I agree not to smoke, drink, or use illegal drugs at ICCSP events or facilities. By my presence at ICCSP events or facilities, I give my permission to have photographs or video taken for use ICCSP marketing or promotional materials.
- 7. EMERGENCY SERVICES.** I agree that in the event I should be incapacitated, I hereby give ICCSP permission to provide or arrange medical care as needed.
- 5. ENFORCABILITY.** The invalidity or unenforceability of any provision of this Agreement shall not affect the validity or enforceability of any other provision of this Agreement.

I HAVE READ AND UNDERSTAND THIS DOCUMENT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature: _____ Or you can type online Date: _____

Printed Name: _____

Address: _____ City/State/Zip: _____

Work phone: _____ Mobile phone: _____

E-mail: _____