

## VOLUNTEER APPLICATION

PLEASE PRINT CLEARLY

### CONTACT INFORMATION

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone No.: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  I am a Minor (14-17 years of age) Gender:  Male  Female

### ABOUT YOU

Physical Limitations:  Yes  No If Yes, please explain \_\_\_\_\_

Education:  High School  GED  College  Trade School  Business

Current Employer: \_\_\_\_\_  N/A

Volunteer Experience:  Beginner 0-5  Intermediate 6-10  Experienced 10+ *(how many times have you volunteered)*

List Minors with you under 14 years of age  N/A

1. \_\_\_\_\_ Age: \_\_\_\_\_ 3. \_\_\_\_\_ Age: \_\_\_\_\_

2. \_\_\_\_\_ Age: \_\_\_\_\_ 4. \_\_\_\_\_ Age: \_\_\_\_\_

**Have you been convicted of or plead guilty to a crime in the past 5 years?**  Yes  No

### IN CASE OF EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Do you need a Volunteer Hours Confirmation Letter?  Yes  No When? \_\_\_\_\_

Would you like to receive a FREE E-Newsletter each month?  Yes  No Email: \_\_\_\_\_

**WAIVER – We take photos and videos for promotional use** I grant Mission Accomplished (MA) my permission to photograph, videotape, and/or audiotape myself and those listed in my care during activities with MA. These photographs, video, and/or audiotape will remain the property of MA and may be used for advertising and/or promotional marketing. I hereby waive and release any rights to compensation for or ownership of, such images and/or recordings.

**LIABILITY RELEASE – We strive to provide a safe and secure environment** Disruptive Behavior will not be tolerated. This event may include but not limited to lifting, carrying, walking, picking up, loading and unloading. Agreement to this release warrants your participation in this activity is voluntary and you understand there may or may not be risks involved. You agree that you understand the possible risks despite the safety precautions and procedures set forth by MA.

By signing below, I affirm that the facts set forth in it are true and complete and I fully understand all that is required of me. I also understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I hereby agree to serve any client who is assigned regardless of race, sex, creed or national origin.

\_\_\_\_\_  
Participant Name (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (Signature)

\_\_\_\_\_  
Date