

Angel of Edgewood Volunteer Registration/Application Packet

Thank you for your interest in becoming a volunteer with Angel of Edgewood, Inc. Applications are received, and volunteers are accepted without regard to race, creed, color, sex, religion, age, national origin or physical or mental disability. The receipt of this application does not mean that openings exist, nor does it obligate Angel of Edgewood, Inc. in any way. Volunteer applicants will be selected based on availability and needs of the event. Volunteers will be confirmed via email/text.

Event name: _____ Event date: _____

Name: _____
Last First Nickname

Mailing Address: _____

City: _____ State: _____ Zip: _____

Cell/Text: _____ Email: _____

Person to be notified in case of an emergency:

Name: _____ Relationship: _____

Phone/Cell: _____ Address: _____

Do you have a disability? Y ___ N ___ Limitations: _____

Do you have allergies? Y ___ N ___ Type: _____

Are you a veteran of the US Military? Y ___ N ___ Branch _____

Have you been convicted of a felony (excluding any record or conviction that has been judicially sealed, expunged, eradicated, or dismissed)? Yes No If yes, please explain (a conviction will not necessarily disqualify your application):

Are there any facts or circumstances involving you or your background that would call into question you're being entrusted with the supervision, guidance or care of youth or disabled individuals? Yes No

If yes, please explain:

Do you hold any specialized training or experience in working with people with disabilities? Yes No If yes, please explain:

Do you have any current medical certifications: CPR Basic First Aid Other, please explain:

Do you have experience with American Sign Language? Yes No If yes, please explain:

1. Other Volunteer Opportunities you may be interested in:

Hospitality / Concierge (References required)

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____

Equipment Photography/Videography Social Media Food Distribution

Crafts Fundraising Maintenance Youth Activities Seniors

Youth Volunteers

(No volunteers under 12 years old will be permitted. Youth volunteers MUST be accompanied with an adult or associated with a registered volunteer group)

Name: _____ Age: _____

Parent/Guardian Group: _____

Youth Cell: _____ Adult Cell: _____

Person to be notified in case of an emergency:

Name: _____ Relationship: _____

Phone/Cell: _____ Address: _____

CHILDREN'S/YOUTH/ADULT WORK VERIFICATION AND RELEASE I Applicant's Name(s) _____ recognize that **ANGEL OF EDGEWOOD, INC.** is relying on the accuracy of the information I provide on the Children/Youth/Adult Volunteer Application form. Accordingly, I attest and affirm that the information I have provided is absolutely true and correct. I authorize the organization to contact any person or entity listed on the Children/Youth/Adult Volunteer Application form, and I further authorize any such person or entity to provide the organization with information, opinions, and impressions relating to my background or qualifications. I voluntarily release the organization and any such person or entity listed on the Children/Youth/Adult Volunteer Application form from liability involving the communication of information relating to my background or qualifications. I have carefully read the policy and procedures of the organization, and I agree to abide by them and to protect the health and safety of the children, youth, or adults assigned to my care or supervision at all times.

Printed name: _____

Signature: _____ Date: _____

EACH PERSON MUST READ BEFORE SIGNING

As a Volunteer member of the Angel of Edgewood, Inc. I agree to: 1. Follow the Angel of Edgewood, Inc. policies, rules and procedures. 2. Place safety and well-being first. 3. Represent the Angel of Edgewood, Inc. in a professional manner that presents a positive image to the community. 4. Angel of Edgewood, Inc. permission to use my likeness, voice, photographs, and words in any form for promotional activities without payment. 5. Grant the Angel of Edgewood, Inc. all rights to release any photos taken of me or by me to the media as they see fit. As a volunteer member I certify that: 1. I do not use illegal drugs. 2. I have never been convicted of a criminal offense. 3. I have never been charged with neglect, abuse, or assault. If you have been involved in any of the above activities, please provide a brief explanation and discuss the circumstance with the event staff supervisor. YOUTH POLICIES No one under 18 years old is allowed to operate a power tool or climb ladders. All youth participants must have an adult signature with waiver. No one under 16 years old is allowed to use specified tools (varies per project).

WAIVER OF LIABILITY IN CONSIDERATION OF THE ANGEL OF EDGEWOOD, INC. ALLOWING ME/MY CHILD/CHILDREN TO PARTICIPATE IN THE ANGEL OF EDGEWOOD VOLUNTEER PROGRAM AND BEING AWARE OF THE POSSIBLE INJURIES THAT COULD OCCUR AS A RESULT OF THAT PARTICIPATION, I, (MYSELF) AND/OR (MINOR CHILD) RELEASE THE ANGEL OF EDGEWOOD, INC., EMPLOYEES, AGENTS, AND INSTRUCTORS FROM ANY AND ALL INJURIES AND DAMAGES WHATSOEVER ARISING FROM PARTICIPATION IN THE EVENT. I, MY HEIRS, AND REPRESENTATIVES, AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS THE ANGEL OF EDGEWOOD, INC., ITS OFFICIALS, EMPLOYEES, AGENTS, SPONSORS, DONORS, AND INSTRUCTORS FROM ANY AND ALL CLAIMS MADE BY ME (MY CHILD/CHILDREN) OR MY INSURER FOR INJURIES OR DAMAGES RELATED TO THIS EVENT. I CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION AND DURING THE INTERVIEW PROCESS IS TRUE AND COMPLETE. I UNDERSTAND THAT FALSIFICATION OR SIGNIFICANT OMISSIONS OF ANY INFORMATION MAY BE CONSIDERED JUSTIFICATION FOR NON-ACCEPTANCE OR DISMISSAL IF DISCOVERED AT A LATER DATE AND THAT APPOINTMENT TO A VOLUNTEER POSITION MAY BE CONTINGENT UPON THE COMPLETION AND REVIEW OF A CRIMINAL BACKGROUND CHECK.

Signature of Volunteer: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____