



## Individual Ongoing Volunteer Information and Release Form

**DATE:** \_\_\_\_\_

*Please print clearly. All information is required.*

### PERSONAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State \_\_\_\_ Zip: \_\_\_\_\_

Home/Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Are you 18 years of age or older? Y / N

Birthday: (Month/Day) \_\_\_\_\_ Anniversary if married: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Person(s) to contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Please note any medical information that would be helpful to the doctor/hospital should you need emergency attention:

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### PERSONAL RESPONSE QUESTIONS

Please share what Christ means to you and how you came to have a personal relationship with Him:

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How did you hear about us?

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Tell us about your skills, talents, interests and abilities:

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List any previous volunteering/mentoring experience:

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Please Indicate days and times you would be available to volunteer:

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Please indicate areas in which you would be interested in serving:

- |  |   |
|--|---|
| <input type="checkbox"/> Reception/Greeting                          | <input type="checkbox"/> Assisting with Special Events                            |
| <input type="checkbox"/> Phone Calls                                 | <input type="checkbox"/> Teaching or Helping with Classes: _____                  |
| <input type="checkbox"/> Filling Food Bags for Clients               | <input type="checkbox"/> Mentoring: _____   |
| <input type="checkbox"/> Stocking/Organizing Food                    | <input type="checkbox"/> Grant Writing  |
| <input type="checkbox"/> Receiving, Weighing and Recording Donations | <input type="checkbox"/> Facilities (Cleaning/Maintenance)                        |
| <input type="checkbox"/> Counseling – Areas: _____                   | <input type="checkbox"/> Special Skill (Crocheting, knitting, gardening, hunting) |
| <input type="checkbox"/> Praying with Clients                        | <input type="checkbox"/> Graphic Design   |
| <input type="checkbox"/> Administrative Work                         | <input type="checkbox"/> Web Design/Maintenance                                   |
| <input type="checkbox"/> Data Entry                                  | <input type="checkbox"/> IT Support   |
| <input type="checkbox"/> Fundraising                                 | <input type="checkbox"/> Social Media   |
|  | Other: _____  |

### References

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Name of your local Church/Fellowship: \_\_\_\_\_

Name of Pastor: \_\_\_\_\_ How long have you attended? \_\_\_\_\_

**BACKGROUND CHECK INFORMATION (This information will be kept confidential.)**

**Policy**

Out of concern for the well-being and safety of the families we serve, High Plains Helping Hands may perform criminal background checks on adult volunteers for certain positions. High Plains Helping Hands deems it necessary and advisable as a matter of policy to reserve the right to disqualify and prohibit any person from serving as a volunteer, including one who has been arrested for, convicted of, been on probation for, or received deferred adjudication for any criminal conduct.

The right to disqualify applies to any criminal conduct, regardless of whether (a) the criminal charges were subsequently dropped and the applicant was never prosecuted for the crime charged, or (b) the criminal charges resulted in a non-conviction such as probation, or (c) the criminal conviction was subsequently expunged from the applicant's record as the result of appropriate legal proceedings.

**Permission**

I hereby give permission for High Plains Helping Hands to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.

I, the undersigned, do, for myself, my heirs, executors and administrators, hereby remise, release and forever discharge and agree to indemnify High Plains Helping Hands, and each of their officers, directors, employees, and agents harmless from and against any and all causes of action, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Full Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

Any previously used names: \_\_\_\_\_

Date of birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Have you ever been arrested, charged, or convicted of a felony or misdemeanor? \_\_\_Yes \_\_\_ No

If yes, please explain: (attach a separate sheet if more room is needed)

\_\_\_\_\_

Have you ever been involved in or convicted of child molestation, child abuse, assault, or sex offenses of any nature? \_\_\_Yes \_\_\_No

If yes, please explain: (attach a separate sheet if more room is needed)

\_\_\_\_\_

Driver's License # \_\_\_\_\_ State Issued: \_\_\_\_\_

Driving Record (last 3 years)

Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Violation: \_\_\_\_\_ Deposition: \_\_\_\_\_

Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Violation: \_\_\_\_\_ Deposition: \_\_\_\_\_

Date: \_\_\_\_\_ City/State: \_\_\_\_\_ Violation: \_\_\_\_\_ Deposition: \_\_\_\_\_

How long have you lived in the state of Colorado? \_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

In consideration of the participation of helping High Plains Helping Hands (HPHH), the undersigned (volunteer) hereby agrees to donate and offer his/her personal services and labor, free of charge to High Plains Helping Hands. Volunteer understands and agrees that he/she is not an employee of HPHH and is not entitled to any wages and/or benefits associated with their services.

Volunteer acknowledges and understands that the activities include work that may be hazardous to the Volunteer, including but not limited to, construction, loading and unloading, and transportation to and from any work sites.

Volunteer further agrees, on behalf of himself/herself and on behalf of his/her heirs, assigns, trustees, receivers, administrators, executors and agents to release and forever discharge HPHH, their directors, officers, employees, agents, volunteers, invitees, sponsors, cash donors, in-kind donors, and all other persons or entities whomsoever (HPHH), of and from any and all actions, claims, and demands, known or unknown, which Volunteer has or may have in the future arising out of volunteering for HPHH. Additionally, Volunteer specifically releases any subrogation rights that might arise.

Volunteer understand that this Release discharges HPHH for any liability or claim that the Volunteer may have against HPHH with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's activities with HPHH whether cause by the negligence of HPHH or its officers, directors, employees, or agents or otherwise. Volunteer understands that HPHH does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Volunteer does hereby release and forever discharges and holds harmless HPHH and its successors and assigns from any liability or claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with HPHH.

Volunteer does hereby grant and convey unto HPHH all right, title and interest in any and all photographic images and video or audio recordings made by HPHH during the Volunteer's work for HPHH, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

The undersigned acknowledges that he/she has read this Release and understand that this Release may be pled as a complete bar and defense to any action or other proceedings instituted or filed by Volunteer on account of any matter contained herein.

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of Colorado. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

### Volunteer Responsibility

If for any reason I believe that my working as a volunteer for HPHH might endanger myself or others, or I have knowledge of or suspect any dishonest, deceptive, illegal or unethical activities, I must report this to the Volunteer Coordinator or Executive Director immediately at this site, and the HPHH employee overseeing the volunteer activity. This might include, among other things, improper use of agency property, communicable diseases, physical impairments, and medication (prescription and/or otherwise that might impair judgment). I am volunteering for HPHH at my own risk. If I encounter an injured person, I should not attempt to provide medical attention to the person, unless I am a licensed medical professional. I must notify the person listed below immediately.

Volunteer Coordinator: Dianna Frazier \_\_\_\_\_ Date: \_\_\_\_\_

**Signature of Volunteer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

In the event that that the above volunteer is less than eighteen (18) years old, this Release must be executed by said minor's parent or legal guardian.

Signature of Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_