Application for Volunteer Service for

Community Outreach Ministries

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: City: ZIP:

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: Cell \_\_ Landline\_\_

Email: Address will not be given out to third parties.

Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

Volunteer Group (if any):

\_\_\_ I would like to receive occasional email newsletters from COM.

**Skills or Interest (Check All That Apply)**

\_\_ Clerical/Office Work/Filing \_\_ Food Pantry/Cart Push/Stocker \_\_ Construction/Remodeling

\_\_ Thrift Store/Sorting \_\_ Recycling \_\_ Fundraising/Event Planning

\_\_ Salvation Army Kettle/Bellringing \_\_ Case Management/Mentoring \_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ALL APPLICANTS: PLEASE COMPLETE THE SECTION BELOW**

**Do you have any restrictions that we need to be made aware of?**

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Have you ever been convicted of, or entered a plea of guilty or nolo contendere (no contest) to a felony or misdemeanor criminal charge, including one in which you received a suspended imposition of sentence, suspended execution of sentence or any period of probation or parole? YES\_\_\_\_ NO\_\_\_\_

If the answer is YES, specify the offense and the date,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Release and Waiver.** I, the volunteer/Community Service worker, hereby release and forever discharge and hold harmless Community Outreach Ministries (COM) and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s activities with COM . I understand that this Release discharges The COM from any liability or claim that I may have against COM with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s activities with COM , whether caused by the negligence for COM or its officers, directors, employees, or others acting on its behalf, except that this paragraph shall not excuse intentional harm or gross negligence. I also understand that COM 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.

**Media Release**. I, the undersigned individual, understand that while working for or participating as a volunteer for COM, I may be videotaped, photographed, or interviewed by COM staff or media professionals. I hereby grant and convey unto COM all rights, title, and interest in any and all photographic images and video or audio recordings made by The COM during the Volunteer’s activities with COM.

**Break Policy:** I understand that, just like in a paid position, it is important to take breaks when working long hours. I will take a minimum of a 30 minute break for every 4 hours worked at COM. I also understand that breaks longer than 15 minutes should be documented by signing out on my volunteer timesheet.

Smoking Policy: I understand that COM is a smoke-free campus and I agree to refrain from use of any kind of tobacco or vaping product while on COM's property. This includes COM's buildings, warehouse, and parking lot. If I must take a smoke break, I agree to leave COM's property. Any smoke break must be documented by signing out of my volunteer timesheet.

**Forklift Policy:** I understand that only certified, trained forklift/lift truck operators are allowed on the forklifts and I will not sit on or attempt to operate any forklift or lift truck unless I am a certified forklift operator and have been approved by COM's management to drive COM forklifts. I also agree to remain vigilant and aware of my surroundings while in COM's warehouse as forklifts are regularly in use.

**Background Checks:** I grant permission to Community Outreach Ministries to run a criminal background check on me at their discretion and understand that any information from a background check may impact what areas of volunteer service in which I am or am not allowed to serve.

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Signature of volunteer, or guardian (if minor) Date