



Volunteer Application

OFFICE USE ONLY	
Date Received	_____
Date Recorded	_____
Eligible	<input type="checkbox"/> Liability <input type="checkbox"/> Media <input type="checkbox"/> Background
Under 18	<input type="checkbox"/> YES

Name: _____ Date: _____

Address (street, city, state, zip code): _____

Email: _____ Cell Phone: _____

DOB (mm/dd/yyyy): _____ Please Select: I am **under** 18 years I am 18 years or over

Other than English, what language(s) do you fluently speak? _____

Please specify any area(s) of skill or expertise: _____

Liability Release

I hereby release REACH AND RELIEVE MINISTRIES, its affiliates, partners and subsidiaries from any and all liabilities associated with volunteer jobs, opportunities, duties and posts. REACH AND RELIEVE MINISTRIES, its affiliates, partners and subsidiaries are hereby released from any liabilities resulting from damage to personal property, personal injury, wrongful death and physical and/or emotional distress; and all risks and liabilities associated with transportation, communication and physical labor.

Signature _____ Date _____

(Parent or legal guardian must sign if volunteer is under 18 years old)

Printed Name of Parent or Legal Guardian _____

Media Release

I grant permission to REACH AND RELIEVE MINISTRIES to use my image (photographs and/or videos) for use in REACH AND RELIEVE MINISTRIES publications including videos, email blasts, recruiting brochures, newsletters, and any marketing and to use my image in electronic versions of the same publications or on the REACH AND RELIEVE MINISTRIES website or other electronic forms of media. I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image.

Signature _____ Date _____

(Parent or legal guardian must sign if volunteer is under 18 years old)

Printed Name of Parent or Legal Guardian _____

Consent for Background Check (18 Years & Over)

Some of our programs and/or affiliates require a background check for crime, drug abuse, sex offense, and mental health. If you are willing to consent to a background check for these affiliates, please sign below. Prior to placement at such programs and/or affiliates, a background check form will need to be submitted.

Signature _____ Date _____