

Volunteer Application



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PLEASE NOTE: All sections marked with * are required; you may mark sections not applicable to you with N/A.
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VOLUNTEER INFORMATION

Today's Date: ____/____/____

First Name:* _____ Last Name:* _____ Pronouns: _____
he/him, she/her, they/them, etc.

Phone:* (____) _____ Email:* _____

Home Address:* _____

City:* _____ State:* _____ Zip:* _____

Employer: _____

My employer matches volunteer hours ☐ Yes ☐ No I'd like to volunteer for school credit ☐ Yes ☐ No

Birthdate:* ____/____/____

VOLUNTEER POSITION INTEREST

Are you applying to a specific program or position?* _____

What kind of volunteer activities are you interested in? Please check all that apply.

- | | |
|---|---|
| <input type="checkbox"/> Administrative and program support, e.g., data entry | <input type="checkbox"/> Preparing Mailings |
| <input type="checkbox"/> Crafting | <input type="checkbox"/> Board of Directors |
| <input type="checkbox"/> Basic Cleaning/ Organization | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Wrapping Gifts | _____ |
| <input type="checkbox"/> Hug Packing Assembly | _____ |
| <input type="checkbox"/> Special Events | |

EMERGENCY CONTACT

First Name:* _____ Last Name:* _____

Phone:* (____) _____ Email:* _____ Relationship:* _____

REFERENCES

Work, volunteer, school, or personal references (excluding family members or spouse/partners) are acceptable. We contact references after a prospective volunteer attends an orientation. Two references are required.

First Name:* _____ Last Name:* _____

Phone:* (____) _____ Email:* _____ Relationship:* _____

Volunteer Application



First Name:* _____ Last Name:* _____

Phone:* () _____ Email:* _____ Relationship:* _____

AUTHORIZATION*

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application may result in my not being able to continue as a volunteer with Project Angel Hugs.

_____(Initial) **Authorization***

CONFIDENTIALITY AGREEMENT*

In signing this agreement, I acknowledge and agree that in the performance of my duties as a volunteer of Project Angel Hugs, I must hold certain information regarding program participants in the strictest confidence.

_____(Initial) **Confidentiality Agreement***

LIABILITY RELEASE*

I hereby release, indemnify, and hold harmless Project Angel Hugs, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all Project Angel Hugs activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Project Angel Hugs.

_____(Initial) **Liability Release***

MEDIA RELEASE (optional)

In initialing and signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Project Angel Hugs. I understand that Project Angel Hugs will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Project Angel Hugs materials such as printed publications, the Project Angel Hugs website (projectangelhugs.com), videos, social media, grant proposals, and promotional materials to support Project Angel Hugs and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company.

_____(Initial) **Media Release**

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Volunteer Signature:* _____ Date: ____/____/____

Please return to Project Angel Hugs office at 307 E. Mill St. Plymouth WI 53073