



# ADULT VOLUNTEER APPLICATION AND WAIVER FORM

Name: \_\_\_\_\_  
First Name Middle Name Last Name

\_\_\_\_\_  
Preferred Name if not First Name

### Contact Information:

Mailing address: \_\_\_\_\_  
\_\_\_\_\_

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

E-mail: \_\_\_\_\_

### Information about you:

What makes you interested in being a part of the CornerStone team? Describe the talents, skills, and attributes you feel best suit you for giving of your time and resources to CornerStone.

Desired volunteer opportunities, please indicate all that apply:

Committees:

Bistro/Coffee Shop    Policy    Finance    Youth Programming    Capital Campaign/Marketing

Youth activities:

Organizational tasks:

Other:

### Criminal Background Information:

Have you ever been convicted of a felony? \_\_\_\_\_yes \_\_\_\_\_no

If so, please explain:

**If interested in volunteering with youth, please list Youth or Other Related Experience:**

Organization	Position/Role or Type of experience	Program	Population	Dates
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**References:**

Please provide two personal character references:

Name:

Address:

City: State: Zip Code:

Phone:

Name:

Address:

City: State: Zip Code:

Phone:

**Emergency/Contact Information**

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

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Medical Information:

Clinic: \_\_\_\_\_

Provider's name: \_\_\_\_\_

Dentist: \_\_\_\_\_

Dentist's name: \_\_\_\_\_

Type of Insurance: \_\_\_\_\_

Insurance Number: \_\_\_\_\_

**Waiver and Release:**

I, agree to abide by the policies and regulations set by CornerStone. I understand that violations of these, or misrepresentation of information on this form, may result in restriction, revocation, reduction or loss of program volunteer status.

I hereby waive and release CornerStone, its officers, agents and employees, from and against any claims, suits, losses, or related causes of action for damages, including attorney's fees and court costs, that may result from injury or death, accidental or otherwise, during, or arising from my participation in a volunteer activities, including transportation to and from activities associated with the program, and any resulting illness and/or injury, and I agree to indemnify and hold harmless CornerStone from and against

any and all such claims. I recognize that recreational events or other volunteer activities being entered into can pose possible dangers and I accept those dangers. I understand that if I am injured, this waiver will be used against me and anyone else claiming damage in any legal action because of my injury. I hereby acknowledge that I understand and am familiar with the nature of the activities in which I will participate at this facility. I also understand that I should have health and accident insurance to cover injuries arising from participation in volunteer activities.

In case of emergency, I give my permission for my emergency medical treatment if I am unable to access it myself and for transportation to such treatment.

I certify the accuracy of the information in this application. By signing this form I understand that, as a CornerStone volunteer, I will be an important part of the CornerStone team and am expected to uphold the Vision, Mission, Values and policies/procedures of the organization to maintain my volunteer status. I authorize CornerStone staff to verify information in this application and contact references listed. I release all parties from liability for any consequences that may result from furnishing information to CornerStone staff. I understand that because of CornerStone's commitment to keeping youth safe from harm, that some volunteer work may require an additional background check and possible interview to ensure appropriate methods have been taken to preserve the health and welfare of all youth participants.

\_\_\_\_\_, I, the undersigned, have read, understand, affirm, and agree to the above statements.

\_\_\_\_\_ I fully understand the conditions of my volunteer status, which may a criminal background check if working directly with youth.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

Interviewed by (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

**Photo/Video Consent:**

I understand that CornerStone workers are authorized to use and publish photos of youth participants and workers in print or electronically on behalf of the organization.

I understand that CornerStone may use such photographs with or without my name for any lawful purpose, including, for example, such purposes as publicity, illustration, advertising, and web content.

I affirm I have read and understand the above and I grant CornerStone permission to take photographs of me.

Volunteer Participant Printed Name: \_\_\_\_\_

Volunteer Participant Signature: \_\_\_\_\_

Yes, I grant permission: \_\_\_\_\_

No, I do not grant permission: \_\_\_\_\_

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