



VOLUNTEER APPLICATION

Name: _____

Address: _____
Street City State Zip

Daytime Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Why are you interested in volunteering with our agency?

Have you volunteered here before?

Tell us about any other volunteer experience you have.

Do you wish to work directly with our youth? *If so, a TB test will be required if contact will be ongoing.

What are you interested in doing at Crossroads for Youth? Please circle all below that pertain to your interests:

- Outdoor Landscaping
- Cleaning
- Painting
- Maintenance Work
- Office Work such as filing, data entry, and mailings.
- Work directly with the Youth.
- Other: _____

PERSONAL REFERENCES NOT RELATED TO YOU:

1: _____

Name	Phone #	Alternate Phone #	
Address	City	State	Zip
Relationship to you		# of years you've known them	

2: _____

Name	Phone #	Alternate Phone #	
Address	City	State	Zip
Relationship to you		# of years you've known them	

3: _____

Name	Phone #	Alternate Phone #	
Address	City	State	Zip
Relationship to you		# of years you've known them	

REQUIRED INFORMATION:

*****Due to the nature of our Agency's business of working with minor children, we are required to conduct certain background checks on all employees and volunteers. We thank you for providing this information, and for volunteering to work with our Agency and/or youth. By signing below, you will be indicating that you understand these checks will be performed and authorize us to conduct them. This information will remain confidential and will not be shared with any volunteers or clients of our Agency.**

Driver's License Number: _____ Date of Birth: _____

Social Security Number: _____

Name (*printed*): _____ Date: _____

Signature: _____

INTERNAL USE ONLY: ATTACH ALL PROOF OF COMPLETION

Will TB test be required? Yes _____ No _____	Completed on Date: _____
Will Volunteer be driving children? _____	MVR Completed: _____
<input type="checkbox"/> 3 letters of Recommendation <input type="checkbox"/> Criminal Check Completed <input type="checkbox"/> HHS Check completed <input type="checkbox"/> National and State Sex Offender Check completed <input type="checkbox"/> DHS Clearance received <input type="checkbox"/> Reference Check completed	

VOLUNTEER RELEASES AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability Form releases Crossroads for Youth, a nonprofit corporation organized and existing under the laws of the State of Michigan and each of its Directors, Officers, Employees, and Agents. The Volunteer desires to provide services for nonprofit and engage in activities related to serving as a Volunteer.

Volunteer understands the scope of volunteer's relationship with nonprofit is limited to a Volunteer position and that no compensation is expected in return for services provided by Volunteer; that nonprofit will not provide any benefits traditionally associated with employment and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of services to nonprofit.

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless Crossroads for Youth and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to nonprofit. I understand and acknowledge that this Release discharges nonprofit from any liability or claim that I may have against nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to nonprofit or occurring while I am providing volunteer services.
2. **Insurance:** Further, I understand that nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including, but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of the nonprofit beyond what may be offered freely by nonprofit in the event of such injury or medical expenses incurred by me.
3. **Assumption of Risk:** I understand that the services I provide to nonprofit may include activities that may be hazardous to me including, but not limited to construction work, landscaping, use of tools and sharp objects, subject to outside elements, and dangerous activities. As a volunteer, I hereby expressly assume the risks of injury or harm from these activities and release nonprofit from all liability for injury, illness, death or property damage resulting from services I provide as a volunteer or occurring while I am providing volunteer services.
4. **Photographic Release:** I grant and convey to Crossroads for Youth all right, title, and interests in any and all photographs, images, videos, or audio recordings of me or my likeness or voice made by nonprofit in connection with my providing volunteer services to nonprofit.
5. **Other:** As a volunteer, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Michigan and that this release shall be governed by and interpreted in accordance with the laws of the State of Michigan. I agree that in the event that any clause or provision of this release is deemed invalid, the enforceability of the remaining provisions of this release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Name (print)

Signature

Parent / Legal Guardian

Date

Date