

Volunteer Application



Contact Information – REQUIRED SECTION

Name _____

Street Address _____

City ST ZIP Code _____

Phone () _____ Ok to text? Yes No

E-Mail Address _____

Birthdate / / _____ Male Female

Availability

During which hours are you available for volunteer assignments?

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____

Interests

Tell us which areas you are interested in volunteering

- Office** - As Needed & Available (*filing, data entry, answer phones, greet people, document prep, etc.*)
- After School Tutoring & Mentoring**- Mon, Tues & Thurs 3-5pm (*enhance a child's education and develop relationships by sharing faith*)
- Summer Camps** – 3 weeks during the summer (*assist in Bible focused summer camps – high energy is a must!*)
- AMP** - Wed 3-4:30pm (*arts and music program – share your guitar and piano skills by teaching students in various settings*)
- Wonderfully Made** - Wed 3-5pm (*invest in the lives of neighborhood girls through Bible lessons, life skills, etc.*)
- Adopt A Block** – Sat 9am – Noon (*Once or twice a month during the Summer months, as weather and projects permit*)
- Construction** - As Needed & Available (*share your building and maintenance skills while renovating neighborhood homes*)
- Other** _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

Spiritual Background

Summarize your church and ministry history and experience, including volunteer work, etc.

Person to Notify in Case of Emergency – REQUIRED SECTION

Name _____

Main Phone () _____ Ok to text? Yes No

E-Mail Address _____

Agreement and Signature – REQUIRED SECTION

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature

Date

Thank you for completing this application form and for your interest in volunteering with us. Please submit the application along with a signed copy of the Release and Waiver and the completed Background Check form, if required.

Love the Lord your God with all your heart, soul, mind, and strength...Love your neighbor as yourself...No other commandment is greater than these.

Mark 12:30-31

Volunteer Release and Waiver of Liability Form



This Release and Waiver of Liability (the "release"), executed by _____ ("Volunteer"), releases **Bridge of Grace Compassionate Ministries Center and Many Nations Church of the Nazarene** ("Nonprofit"), a nonprofit corporation organized and existing under the laws of the state of Indiana and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that 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 to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit. Volunteer releases Nonprofit from all liability relating to injuries that may occur during participation in volunteer services for Nonprofit.

In addition:

1. **Waiver and Release:** I, the Volunteer, release and forever discharge and hold harmless Nonprofit 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. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby release and forever discharge Nonprofit from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. **Assumption of Risk:** I understand that the services I provide to Nonprofit may include activities that may be hazardous to me. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and release Nonprofit from all liability.
5. **Photographic Release:** I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. **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 Indiana and that this release shall be governed by and interpreted in accordance with the laws of the State of Indiana. 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 this agreement, I enter into this Release and Waiver of Liability willingly and voluntarily.

Signature

Date

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Form V003-17