



**Individual Volunteer Information  
and Release Form**

**PERSONAL INFORMATION**

*Please print clearly. All information is required.*

Date: \_\_\_\_\_ Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell#: \_\_\_\_\_ Work#: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Person(s) to contact in case of emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Contact #: \_\_\_\_\_

Please note any medical information that would be helpful to the doctor/hospital should you need emergency attention:

\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL RESPONSE QUESTIONS**

Please share what Christ means to you or how you come to have a personal relationship with Jesus Christ: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

How did you hear about us? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Why would you like to volunteer at Family Life Services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Tell us about your skills, talents, interests and abilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List any previous volunteer/mentoring experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate the specific time(s) and day(s) you would be available to be scheduled:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**REFERENCES:**

Please provide three (3) references who have known you at least one year and can give an objective appraisal of your qualifications for working with children, youth and families.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

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

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Known how long? \_\_\_\_\_

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

Name of Your Local Church/Fellowship: \_\_\_\_\_

Name of Pastor/Leader: \_\_\_\_\_ How long have you attended? \_\_\_\_\_

**BACKGROUND CHECK INFORMATION** *(This information will be kept confidential.)*

**Policy**

Out of concern for the well-being and safety of the families we serve, Family Life Services performs criminal background checks on adult volunteers. Family Life Services deems it necessary and advisable as a matter of policy to reserve the right to disqualify and prohibit any person from serving as a volunteer, including one who has been arrested for, convicted of, been on probation for, or received deferred adjudication for any criminal conduct.

The right to disqualify applies to any criminal conduct, regardless of whether (a) the criminal charges were subsequently dropped and the applicant was never prosecuted for the crime charged, or (b) the criminal charges resulted in a non-conviction such as probation, or (c) the criminal conviction was subsequently expunged from the applicant's record as the result of appropriate legal proceedings.

**Permission**

*I hereby give permission for Family Life Services to obtain information relating to my criminal history record. The criminal history record, as received from the reporting agencies, may include arrest and conviction data as well as plea bargains and*

*deferred adjudication. I understand that this information will be used, in part, to determine my eligibility for a volunteer position with this organization. I also understand that as long as I remain a volunteer here, the criminal history records check may be repeated at any time. I understand that I will have an opportunity to review the criminal history and a procedure is available for clarification, if I dispute the record as received.*

*I release and forever discharge and agree to indemnify; Family Life Services, and each of their officers, directors, employees and agents harmless from and against any all causes of action, suits, liabilities, costs, debts, and sums of money, claims and demands whatsoever, and any and all related attorneys' fees, court costs, and other expenses resulting from the investigation of my background in connection with my application to become a volunteer/staff member.*

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

Full Legal Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_, (Middle) \_\_\_\_\_

Any previously used names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

How long have you lived in the state of Colorado? \_\_\_\_\_

## VOLUNTEER SKILL SURVEY

We are continually finding new ways for our volunteers to help in achieving Family Life Services' mission. Please take a moment to indicate areas in which you have skills and experience that you would be willing to share with us.

### Human Services

- Child Care
  - Child Development
  - Family Management
  - Advocacy
  - Mentoring
  - Crisis Intervention
  - Counseling
  - Health (maternal & child)
  - Parent Education
  - Transportation
  - Teen pregnancy/parenting
  - Financial Management
  - CPR-Certified, Exp. Date \_\_\_\_\_
  - CPR-Trainer
  - Sign Language
- Skill level: Minimal  Good  Excellent

### Management Skills

- Leadership/Supervision
- Staff/Volunteer Training
- Subjects: \_\_\_\_\_
- Focus Group Facilitation
- Program Planning/Evaluation
- Marketing

### Development/Fundraising

- Direct Mail/Telemarketing
- Grant Writing
- Estate/Financial Planning
- Special Event Coordination
- Prospect Research

### Communications/Public Relations

- Speakers Bureau
- Community Outreach
- Communication Planning
- Writing
- Media Relations
- Graphic Design
- Desktop Publishing
- Photography
- Video & Slide Show Production
- Display Work
- Sign & Poster Production

### World Cultures

- Education in \_\_\_\_\_
  - Other Experience with \_\_\_\_\_
  - Foreign Language \_\_\_\_\_
- Fluency level: Minimal  Good  Excellent

### Music & Drama

- Acting
- Clowning
- Instrument: \_\_\_\_\_
- Singing
- Storyteller
- Puppetry
- Mime
- Dancing
- Other: \_\_\_\_\_

### Facilities/Maintenance

- Carpentry
- Landscaping/Gardening
- Painting
- Furniture or Equipment Repair
- Pick-up & Delivery of Donations
- Housekeeping (cleaning toys, laundry)

### Creative Activities

- Calligraphy
- Cooking
- Sewing
- Knitting or Crocheting
- Face Painting
- Kid's Arts & Crafts
- Other: \_\_\_\_\_

### Sports/Recreation

- Sports - General
- Swimming/WSI
- Swimming-Advanced Lifesaving
- Recreational Outings
- Other: \_\_\_\_\_

### Support Services

- General Office Skills
- Computer Word Processing
- Computer Training/Instruction
- Data Entry
- Computer Programming
- Web Site Development

### Other

\_\_\_\_\_

## RELEASE AND WAIVER OF LIABILITY

In consideration of the participation of helping Family Life Services (FLS), the undersigned (volunteer). Hereby agrees to donate and offer their personal services and labor, free of charge to Family Life Services. Volunteer understand and agrees that they are not an employee of FLS and are not entitled to any wages and/or benefits associated with their services.

Volunteer acknowledges and understands that the activities include work that may be hazardous to the Volunteer, including but not limited to, construction, loading and unloading, and transportation to and from any work sites.

Volunteer further agrees, on behalf of themselves and on behalf of their heirs, assigns, trustees, receivers, administrators, executors and agents to release and forever discharge FLS, their directors, officers, employees, agents, volunteers, invitees, sponsors, cash donors, in-kind donors, and all other persons or entities whomsoever (FLS), of and from any and all actions, claims, and demands, known or unknown, which Volunteer has or may have in the future arising out of volunteering for FLS. Additionally, Volunteer specifically releases any subrogation rights that might arise.

Volunteer understand that this Release discharges FLS for any liability or claim that the Volunteer may have against FLS with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's activities with FLS whether caused by the negligence of FLS or its officers, directors, employees, or agents or otherwise. Volunteer understands that FLS does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Volunteer does hereby release and forever discharges and holds harmless FLS and its successors and assigns from any liability or claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's activities with FLS.

Volunteer does hereby grant and convey unto FLS all right, title and interest in any and all photographic images and video or audio recordings made by FLS during the Volunteer's work for FLS, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

The undersigned acknowledges that they have read this Release and understand that this Release may be pled as a complete bar and defense to any action or other proceedings instituted or filed by Volunteer on account of any matter contained herein.

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of Colorado. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

### Volunteer Responsibility

If for any reason I believe that my working as a volunteer for FLS might endanger myself or others, or I have knowledge of or suspect any dishonest, deceptive, illegal or unethical activities, I must report this to the Operations Director immediately at this site, and the FLS employee overseeing the volunteer activity. This might include, among other things, improper use of agency property, communicable diseases, physical impairments, and medication (prescription and/or otherwise that might impair my judgment). I am volunteering for FLS at my own risk. If I encounter an injured person, I should not attempt to provide medical attention to the person, unless I am a licensed medical professional. I must notify the Operations Director immediately.

Signature of Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that the above volunteer is less than eighteen (18) years old, this Release must be executed by said minor's parent or legal guardian.

Signature of Guardian/Parent: \_\_\_\_\_ Date: \_\_\_\_\_