

Free 2 FLY

Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Why are you interested in volunteering with Free 2 Fly:

Have you volunteered with other organizations Y____ N____ (if yes answer below)

Organization Name _____

Describe volunteer service: _____

Please describe any work or personal experience you think might be relevant to our program:

Do you have an hobbies or skills relevant to what we do? (not necessarily needed)

Do you have any criminal convictions? Y__ N__ (if yes please explain)

How did you hear about Free 2 Fly?: Word of mouth () Social Media () Event ()
Other: _____

Days/Times willing to serve:

Monday () Tuesday () Wednesday () Thursday () Friday ()

Mornings () Afternoon ()

Volunteer Frequency:

Monthly () Every other week () Weekly () Twice a week () Events ()

During busy seasons we often need extra helping hands. Are you interested in being contacted about additional volunteer needs at these times? Y () N ()

I am interested in being notified of financial hardships that Free 2 Fly's active participants may encounter during their time in our program. Y () N ()

I would like to be considered for the following volunteer opportunities (circle all that apply):

Sewing Instructor	Prayer Warrior	Mentor
Cleaning	Fundraising	Publication/Newsletter Writing
Researching	Errand Running	Hospitality
Financial Giving	Grant Writing	Participant/Staff Encourager
Website Updating (previous experience required)		Storefront
Fabric cutting, Organizing, Product Packaging		

Do you have any medical conditions that we should be aware of? _____

In case of a medical emergency are there medications you are allergic too? _____

Emergency Contact: _____

Phone #: _____ Relationship: _____

Confidentiality:

The purpose of this confidentiality agreement is to protect the identity and privacy of our participants. Staff and Volunteers at Free 2 Fly encounter personal and sensitive information about our clients. Our goal is to provide a safe environment where participants feel comfortable, and safe within the walls of our building. We desire to be trustworthy, and encouraging, all the while empowering women to succeed and reach their goals.

I understand that all activities and conversations that take place within in the walls of Free 2 Fly is privileged and confidential. I understand that by being a volunteer, Free 2 Fly is entrusting me to be sensitive and respectful towards all participants at all times. I also understand that when I am no longer a volunteer, any confidential information I have learned must continue to be kept confidential. I further understand that my authorization to serve as a volunteer may be terminated at the discretion of the program director or creative director at any time if they determine it is in the best interest of Free 2 Fly and its participants.

Affirmation: I certify that my answers to questions on this application are true and correct, and that I have not knowingly withheld any fact or circumstances that would, if disclosed, affect my application unfavorable. I understand that any false information submitted in the application is cause for denial of this application or termination of my volunteer services regardless of when or how discovered.

I hereby acknowledge that I have read and understand the above statements and that I voluntarily sign this affirmation.

Signature: _____ Date: _____

Volunteer Release and Waiver of Liability Form

Volunteer understands that the scope of Volunteer's relationship with Free 2 Fly is limited to a volunteer position and that no compensation is expected in return for services provided. Free 2 Fly 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 service to Free 2 Fly.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Free 2 Fly and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity which arise or may hereafter arise from the services I provide to Free 2 Fly. I understand and acknowledge that this Release discharges Free 2 Fly from any liability or claim that I may have against Free 2 Fly 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 Free 2 Fly 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 Free 2 Fly beyond what may be offered freely by Free 2 Fly in the event of such injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Free 2 Fly 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 Free 2 Fly.
4. Photographic Release: I grant and convey to Free 2 Fly all right, title and interests in any and all photographs, images, video, or audio recording of me or my likeness or voice made by Free 2 Fly in connection with my providing volunteer services to Free 2 Fly.

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

Signature: _____

Date: _____

(If Volunteer is under the age of 18, a parent or guardian must sign)