



VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Name: _____ Age: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone No.: _____ Home Phone No.: _____

Email address: _____

School/College/University: _____ # hours to complete: _____

(I understand that as an intern/student I need to attend the weekly Volunteer Support Group) _____
Initials

School Contact: _____

Any special skills or talents you have that you feel would benefit the organization:

Please indicate days available: Mon. Time: _____ Tues. Time: _____
Wed. Time: _____ Thurs. Time: _____ Fri. Time: _____ Sat. Time: _____

Any physical limitations? If yes, please explain: _____

In case of emergency contact: _____

As a volunteer of the Imperial Valley LGBT Resource Center, I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its board members, employees and affiliates cannot assume any responsibility for any liability for any accident, injury or health problems which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward. I acknowledge and accept.

Signature (self) _____ Date _____

_____ Date _____

Signature (Parent, if under 18)



CONFIDENTIALITY AGREEMENT/MEDIA RELEASE WAIVER/TRANSPORTATION

Confidentiality – I, the undersigned, do hereby swear that I will not discuss, disclose, copy distribute or otherwise make available to any other person or organizations any and all information of the Imperial Valley LGBT Resource Center, its donors, clients, and businesses with which the Center conducts business, including but not limited to names, addresses, email, personal information, etc., made available to me during or in any way related to the course of my employment/internship/volunteer or work-study program at the Center. I understand that the information or data is the confidential property of the Center and its donors, consumers, and businesses with which the Center conducts business, and is of a sensitive nature. I also understand this information, data and other resources are the exclusive property of the Center. My violation of this agreement of confidentiality is subject to prosecution under the law of the State of California, and I hereby agree to fully indemnify, defend and hold harmless the Center, its board of directors, employees and affiliates from all damages, liabilities, claims and causes of action resulting from my breach of this agreement.

Waiver and Release – I release and forever discharge and hold harmless the Imperial Valley LGBT Resource Center 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 from my volunteer work at the Center. I understand and acknowledge that this release discharges bodily injury, illness, death, or property damage that may result from participation in the Center’s work. It is also understood that the Center does not assume responsibility for obligation to provide financial assistance or other assistance including but not limited to medical, health, or disability insurance in the event of injury, illness death or property damage.

Photo/Media Release – I hereby authorize the use of photographs, motion pictures, video, electronic sound recording for the Center now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the photographs. I authorize the use of any such photographic or electronic reproductions me for any purpose, including, but not limited to educational and other public media as may be deemed appropriate by the Center. (I understand that I may be identifiable from such photographic or electronic reproductions.)

Transportation and Insurance – I further agree that if I use my personal automobile, I will keep in effect automobile liability insurance equal to or greater than the minimum required by the State of California. I am 18 years of age and I am competent to contract in my own name.

I have read this release before signing below and I fully understand the contents, meaning and impact of the release.

Agreed and accepted by:

Print Volunteer Name: _____

DOB: _____ Age: _____ Email Address: _____

Address: _____ City: _____ Zip: _____

Emergency contact: _____

Signature: _____ Date: _____

Signature on behalf of minor: _____ Date: _____