

JUNCTION CITY LOCAL AID

VOLUNTEER APPLICATION AND RELEASE FORM

Name _____

E-mail Address _____

Mailing Address _____

Cell phone _____

Home phone _____

Email address _____

Emergency Contact _____

Emergency Contact Phone _____

Birthday _____

Availability to Volunteer
 Monday _____ Hours _____
 Tuesday _____ Hours _____
 Wednesday _____ Hours _____
 Thursday _____ Hours _____
 Projects/food drives _____

Areas of Interest _____

 Areas NOT of Interest _____

Special skills _____

Do you have any known medical conditions that may affect the safety of any food that you may have contact with? No ___ Yes ___ If yes, please explain _____

Do you have any limitations that may affect your work? No ___ Yes ___
 If yes, please explain _____

VOLUNTEER AGREEMENT: In signing this agreement, I acknowledge that as a volunteer I will follow the guidelines, direction and organizational vision of the Executive Director.

VOLUNTEER RELEASE: In signing this release, I acknowledge that I am a volunteer for Junction City Local Aid. I agree to absolve and hold harmless Junction City Local Aid from and against any blame and liability for any injury, misadventure, harm, loss, inconvenience or damage hereby suffered or sustained as a result of participation as a volunteer for Junction City Local Aid.

PRINT NAME _____

SIGNATURE _____ DATE _____

VOLUNTEER CHECKLIST	
___	Appl. & Release form
___	Confidentiality form
___	Distrib. of Don. form
___	Civil Rights Form
___	Civil Rights Log
___	JCLA Guidelines
___	Aprons/nametages
___	Calendar/absences
___	Sign-in log
___	Tour
___	Communication board
___	DVD
Date: _____	
Review Dates: _____	

