

YWCA Cass Clay Volunteer Application



Name _____ Date of Birth (mm/dd/yyyy) _____

Address _____ City/State/Zip _____

Home Phone _____ Work Phone _____ Cell Phone _____

Email _____ School (if applicable) _____

Employer (if applicable) _____

Days/Hours Available _____

Are you 18 years old or older? **YES / NO** (If no, you must volunteer with a guardian, parent, or youth group)

Emergency Contact Name _____ Emergency Contact Phone _____

Interested in learning more about our youth volunteer opportunities? Let us know! **YES / NO**

Please indicate activities you are interested in: **Note that activities with ** denotes a necessary commitment of 2 months due to training requirements & investment.**

Interested in teaching a class?

- Childcare (9-11a and/or 2:30-4p) Certified Hair stylist/Make-up/Nails Job Readiness
- Kitchen Assistant (M-F 8-5p) Donation Sorting/Organizing Computer Education
- Study Buddies** (M-Th 3-5p) Special Events Parenting Education
- Front Desk & Phones** (M-F 8-5p) Food Pantry** (M-F 2:30-4:30p) Self-Improvement
- Housing Program Helper (Ex. painting, moving furniture, staging apartments, & organizing storage) Other: _____

Were you previously employed by YWCA Cass Clay? _____ If yes, when? _____

Have you ever received services from YWCA Cass Clay? _____ If yes, when? _____

Have you ever been convicted of a crime or have any pending legal issues? _____

If yes, please explain. _____

Why would you like to volunteer at YWCA Cass Clay? _____

How did you hear about volunteering at YWCA Cass Clay?

- ONLINE FAMILY/FRIEND EVENT SCHOOL OTHER: _____

I certify that the above information is true, to the best of my knowledge.

Signature _____ Date _____

Completed form should be sent to the Volunteer & Donations Coordinator at volunteer@ywcacassclay.org, mailed to 3000 South University Drive, Fargo, ND 58103, or faxed to (701) 232-9408.

For office use

| Date started | Date ended | Details |
|--------------|------------|---------|
| _____ | _____ | _____ |

YWCA VOLUNTEER WAIVER AND RELEASE FORM

The undersigned desires to volunteer time and effort to the YWCA. I understand that my decision to volunteer my time is of my own free will and is not a requirement. I further understand and agree that I am volunteering and that I will not be compensated by the YWCA for my volunteer activities. I assume full responsibility for all risks that may arise out of or result from my volunteer time at the YWCA including, but not limited to, the following: risk of property damage and any and all forms of bodily injury including serious and/or permanent bodily injury.

I acknowledge that I have read, know and agree to any and all of the policies and procedures relating to the YWCA. I agree to comply with and abide by all of the rules, regulations and policies.

I, for myself and my heirs, hereby release, waive, discharge, and hold harmless the YWCA and all of its affiliates, predecessors, successors, trustees, officers, directors, employees, agents, and/or representatives ("Released Parties") from any and all claims, liabilities, judgments, costs, and expenses for any property damage, property loss or theft, personal injury or illness, death, or other loss arising from or relating to my volunteer activities. I also agree to defend, indemnify and hold harmless the Released Parties from any and all claims arising from or related to my participation at the YWCA.

I understand that YWCA 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 the YWCA beyond what may be offered/covered under YWCA general liability insurance.

I currently have no known mental or physical condition that would impair my capacity for full participation as a volunteer.

This YWCA Volunteer Waiver and Release Form shall be governed in all respects by the laws of the State of North Dakota.

I am at least 18 years of age or I am the parent or guardian of a volunteer who is less than 18 years of age.

I HAVE READ AND FULLY UNDERSTAND THIS YWCA VOLUNTEER WAIVER AND RELEASE FORM I EXECUTE THIS FORM VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

Printed Name Date

Signature