



VOLUNTEER APPLICATION



DATE OF APPLICATION _____

LAST: _____ FIRST: _____ MIDDLE: _____

ADDRESS: STREET: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL/OTHER PHONE: _____

EMAIL ADDRESS: _____ HOW DID YOU HEAR ABOUT US? _____

DATE AVAILABLE TO START VOLUNTEERING: _____

AVAILABILITY

PLEASE CHECK ALL THAT APPLY:

TIME OF DAY		FREQUENCY		
<input type="checkbox"/> MORNING	<input type="checkbox"/> AFTERNOON	<input type="checkbox"/> ONCE PER WEEK	<input type="checkbox"/> 2-5 TIMES PER WEEK	<input type="checkbox"/> AS NEEDED

INTERESTS

PLEASE CHECK ALL THAT APPLY:

- CRAFTS GARDENING DINING
- MUSIC SUPPORT GROUPS SPECIAL EVENTS
- LEARNING GAMES/RECREATION OTHER

REFERENCES

NAME	TELEPHONE	YEARS KNOWN
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VOLUNTEER STATEMENT***AUTHORIZATION***

I certify that the answers given in this application are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application as may be necessary for the purposes of determining an appropriate and satisfactory volunteer position for me, including contacting my references. I also give permission to Town Square to conduct background checks on me now and as long as I continue to be an active volunteer. I understand that this application is not, and is not intended to be, a contract. I understand that false or misleading information provided in my application or interview may result in my not being able to continue as a volunteer with Town Square.

CONFIDENTIALITY AGREEMENT

In signing this application, I acknowledge that I have read and understand Town Square's policies and procedures and will abide by them. I understand and agree that in the performance of my duties as an employee or volunteer of Town Square, I must hold certain information regarding clients, employees, and volunteers in the strictest confidence. Further, I understand that confidentiality is protected by Federal law and that any intentional or involuntary violation of the confidentiality with regard to clients, employees, and/or volunteers may result in disciplinary action including suspension and/or termination.

LIABILITY RELEASE/VOLUNTEER BASIS

I hereby release, indemnify, and hold harmless Town Square, its officers, directors, and employees, and the organizers, sponsors, and supervisors of all Town Square activities from any and all liability in connection with any injury I may sustain (including any injury caused by negligence) in conjunction with volunteering with Town Square. I agree that all the work I do is on a volunteer basis and I am not eligible for any monetary payment or reward.

MEDIA RELEASE

In signing below, I agree to be photographed, videotaped, and/or recorded while volunteering with Town Square. I understand that Town Square will own rights to and may use this media (photographs, videos, audio recordings, and/or my statements), in whole or part, in Town Square materials such as printed publications, the Town Square website, videos, social media, grant proposals, and promotional materials to support Town Square and its programs. As far as I know, what I say and do in this media will not violate the rights of any other person or company. If I no longer want my photos, videos, etc. to be used, I agree to contact the Town Square Manager. Once requested, Town Square will not create new materials, but we may continue to use already printed materials until we can make replacements.

SIGNATURE: _____
PRINTED NAME: _____
DATE: _____