



Volunteer Application and Release

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*
Phone: () Phone: () E-mail Address:

Birth date: Drivers License:

Have you ever worked for this company? If yes, when?

Have you ever been convicted of a felony?

If yes, explain:

References

Please list three references.

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

Full Name: Relationship:
Company: Phone: ()
Address:

Emergency Contact Information

In case of emergency, please contact.

Full Name: Relationship:
Address: Phone: ()

Availability

When are you available to volunteer?

Examples of Activities Available

Tell us in which areas you are interested in volunteering.

- | | |
|--|---|
| <input type="checkbox"/> Special Events | <input type="checkbox"/> Cooking Meals |
| <input type="checkbox"/> Gardening | <input type="checkbox"/> Public Transportation Skills |
| <input type="checkbox"/> Art | <input type="checkbox"/> Community Concerts |
| <input type="checkbox"/> Music | <input type="checkbox"/> Special Olympics |
| <input type="checkbox"/> Reading | <input type="checkbox"/> Outings – Shopping, coffee, movies |
| <input type="checkbox"/> Walks/Exercise | <input type="checkbox"/> Weaving Store Support |
| <input type="checkbox"/> Literacy | <input type="checkbox"/> Attending Church Services |
| <input type="checkbox"/> Computer/Internet Training | <input type="checkbox"/> Minor Home Repairs |
| <input type="checkbox"/> Board Games / Cards / Puzzles | <input type="checkbox"/> Data Entry / Filing |
| <input type="checkbox"/> Bingo | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Bowling | _____ |

Interests & Hobbies

Summarize special interests or hobbies you enjoy that you would like to share with someone:

Previous Volunteer Experience

Summarize your previous volunteer experience.

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Release

I release Mountain Valley Developmental Services, Inc., its employees, agents, leaders, instructors, contractors and volunteers from any liability for loss or injury to my person or property, which may occur due to my negligence, the negligence of Mountain Valley Developmental Services, Inc., or any third parties, or other actions or omissions. This release applies to any losses or injuries which may occur as a result of, or during my participation in, volunteer services. This may include, but is not limited to, traveling in agency designated vehicles, working with individuals who may have mental or physical disabilities, participating in physical labor and/or any other volunteer activities. I realize that this is a binding contract. I have read and understand this policy and knowingly and voluntarily sign below. I also acknowledge that I have been advised of the provisions of C.R.S. §13-21-117.5 which limits the civil liability of developmental disability service providers.

Confidentiality Policy

I understand that I will maintain confidentiality regarding any company or client information that is made known to me as a result of my volunteer work with Mountain Valley. Specifically, this means that outside the agency, no information, incidents, or stories will be related to anyone for any reason without a properly signed release of information and approval of Mountain Valley. I understand that I may be removed from my volunteer position for violation of this policy. I also understand that the records and information pertaining to developmentally disabled persons or their families is strictly confidential and unauthorized disclosure is prohibited by C.R.S. §27-10.5-120.

Applicant's Signature

I certify that all the information provided is true and complete to the best of my knowledge. I realize that any misrepresentation in the information submitted or any intentionally withholding of essential information called for in this form may result in my application being rejected. I offer to volunteer my services to Mountain Valley. I understand that I will not be paid in any way. I understand Mountain Valley Developmental Services, Inc. reserves the right to dismiss volunteers for any reason.

Thank you for completing this application form and for your interest in volunteering with us.

Participant Name (please print) _____

Signature: _____ **Date:** _____

Minor Participant

All participants under the age of eighteen (18) must have this Release Form signed by their parent or guardian.

I release Mountain Valley Developmental Services, Inc., its employees, agents, leaders, instructors, contractors and volunteers from any liability for loss or injury to my child or property, which may occur due to their negligence, the negligence of Mountain Valley Inc., or any third parties, or other actions or omissions. This release applies to any losses or injuries which may occur as a result of, or during their participation in, volunteer services. This may include, but is not limited to, traveling in agency designated vehicles, working with individuals who may have mental or physical disabilities, participating in physical labor and/or any other volunteer activities. I realize that this is a binding contract. I have read and understand this policy and knowingly and voluntarily sign below. I also acknowledge that I have been advised of the provisions of C.R.S. §13-21-117.5 which limits the civil liability of developmental disability service providers

Minor's Name: _____

Minor's Address: _____

Parent's or Guardian's Name: _____

I hereby release and waive my child's prospective claim for negligence pursuant to C.R.S. §13-22-107(3).

Signature _____ **Date** _____

Application must be signed prior to participation in volunteer activities.

Revised July 2013