



GENERAL INFORMATION (Please type or print clearly)

Date: _____

Name: Last _____ First _____ M.I. _____

Address: (Street) _____ Apt# _____

City _____ State _____ Zip _____

Phone: Home _____ - _____ - _____ Cell _____ - _____ - _____

Email: _____

D O B: _____ - _____ - _____ (17-years. or younger will require parent/guardian signature)

Check One Male Female

Emergency Contact(s) Name _____

Phone _____ - _____ - _____ Relation _____

SKILLS INTEREST (Mark all that apply)

Food service Mentoring/ counseling Recreation/sports Office/Administration

Computers Food/Hygiene drives Teaching/tutoring - Children/youth

Other _____

Have you volunteered for any other Missions or any other shelter Nonprofits (501 C 3)?

Yes No

Please give name of Mission, shelter, Non Profits (501 C 3)

Availability I would like to volunteer Occasionally Weekly Monthly Long Term

SUN	MON	TUES	WED	THURS	FRI	SAT
Morning/Afternoon						
Evenings						

SIGNATURE _____

PARENT / GUARDIAN SIGNATURE _____

(REQUIRED IF APPLICANT IS UNDER 18 YEARS OLD)

REVIEW AND SIGN VOLUNTEER RELEASE & LIABILITY FORM PAGE 2 (BACK OF THIS APPLICATION)

VOLUNTEER GENERAL INFORMATION AND POLICIES LIABILITY RELEASE FORM

As a volunteer you represent Hope Of The Valley Rescue Mission (HOVRM) to the public. You accept responsibility for this status and will conduct yourself in a professional manner. You are expected to be clean and sober when participating as a (HOVRM) volunteer. You must maintain the confidentiality of all volunteers, clients, guests, residents and donors about whom you have personal or identifying information. You must not participate in and will report any and all instances of any sort of harassment, exploitation, and/or intimidation. You must maintain an atmosphere of physical and emotional safety for everyone associated with (HOVRM) including but not limited to employees, volunteers, clients, guests, residents and visitors. **Hope Of The Valley Rescue Mission (HOVRM)** will not tolerate any form of harassment (verbal or physical) exploitation or intimidation of any nature from volunteers, interns, staff members, program participants or guests. Please maintain a friendly but respectful and professional interaction with our guests and clients. Do not assist any guest or resident with money, medication, gifts or transportation. *Do not give out personal contact information, including email addresses or phone numbers.* Should a guest or resident request to contact you personally, please report to the Community Relations Coordinator. Please be sensitive to the personal space of our guests (men, women and children). Ask permission before touching any guest or resident for any reason.

GENERAL CODE OF CONDUCT RULES

Hope Of The Valley Rescue Mission (HOVRM) is an organization assisting vulnerable men, women and children. No one who has ever been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense may serve as a volunteer. As a volunteer, your activities may include potential hazards, including but not limited to (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations and (d) other potential risk of injury. You must be willing to provide volunteer service with the knowledge of the potential hazards involved and agree to accept any and all risks of injury without any recourse to or against

Hope Of The Valley Rescue Mission and its affiliates (collectively "HOVRM"). I agree and release HOVRM as follows: I have read, understand and will observe (HOVRM's) Volunteer General Information and Policies, as may be updated from time to time. I acknowledge that (HOVRM) is an organization assisting vulnerable men, women and children. I hereby confirm that I have never been indicted or convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or sexual offense. (In making this acknowledgment, do not include information regarding an arrest or detention that did not result in conviction; information regarding referral to, and participation in, any pre-trial or post-trial diversion program; minor traffic violations; convictions for which the record has been judicially ordered sealed or expunged; marijuana-related convictions described in California Labor Code Section 432.8 that are more than two years old; misdemeanor convictions for which probation has been successfully completed or discharged and that have been judicially dismissed pursuant to California Penal Code Section 1203.4)

I understand that my activities as a volunteer may include potential hazards and risk of physical harm, including but not limited to, bodily injury, disability, paralysis and death. I am voluntarily participating in this service with the knowledge of the potential hazards involved and accepting and assuming such risks however caused or alleged to be caused by any party with the exception of those risks caused by others' gross negligence, fraud, willful misconduct or violation of law. The undersigned hereby agree(s) to accept and assume any and all risks of injury without any recourse to or against (HOVRM), except for injury caused by (HOVRM's) gross negligence, fraud, willful misconduct or violation of law. In consideration for being permitted to participate in this service, the undersigned hereby waives, releases, discharges, indemnifies and holds harmless (HOVRM), and its directors, officers, partners, agents, employees, successors, assignees, licensees, sponsors, donors, representatives, guests and affiliates from all claims for damages for wrongful death, personal injury, or property damage that I, my assignees, heirs, beneficiaries, next of kin, spouse, guardians and legal representatives now have or may hereafter have arising out of, based upon or relating to my participation as a volunteer and caused by negligence (passive or active), strict liability or otherwise (except for such injury, wrongful death or property damage caused by (HOVRM's) gross negligence, fraud, willful misconduct or violation of law).

I have carefully read this agreement, and the Volunteer General Information and Policies referenced herein, and fully understand their contents. I am aware that this is a release of liability, I have read the above waiver, have been fully and completely advised of the potential danger incidental to participating in the service, am fully aware of the legal consequences of signing this release, and I sign it of my own free will.

Volunteer Name (please print) _____

Volunteer Signature* _____ **Date** _____

**For volunteers under 18, a parent or legal guardian's signature is required below.* This is to certify that I, as parent/legal guardian with legal responsibility of the volunteer whose name appears above, do consent and agree to his/her release as provided above, and for myself, my assignees, heirs, beneficiaries, next of kin, spouse, guardians and legal representatives, release (HOVRM) from any and all claims that any of us now have or may hereafter have arising out of, based upon or relating to my minor child's participation as a volunteer and caused by negligence (passive or active), strict liability or otherwise, (except for such injury, wrongful death or property damage caused by VCRM's gross negligence, fraud, willful misconduct or violation of law). †

Parent/Legal Guardian Signature _____ **Date** _____

I also irrevocably grant to HOVRM, its assigns and successors, my consent and full right to use my name, photo, likeness and written feedback in any and all media, publications, advertising and publicity. I grant permission to be filmed or taped by HOVRM or the news media. [] Yes [] No **Volunteer's Initials** _____ **Parent/Legal Guardian Initials if Volunteer is under 18** _____