

Village Project Volunteer Application

Name _____

Address _____

City _____ State _____ Zip _____

Phone (Home) _____ (Cell) _____ Cell Carrier _____

Email (preferred) _____

Gender _____ M _____ F Birth Date ____/____/____

Date I am available to begin volunteering _____

Days of week and times I am available _____

Employer _____ Position _____

Area(s) where I would like to volunteer: (check all areas of interest - write in additional areas not listed)

<input type="checkbox"/> Administration	<input type="checkbox"/> Editor	<input type="checkbox"/> Garden	<input type="checkbox"/> Receptionist
<input type="checkbox"/> Advisory Board	<input type="checkbox"/> Errands	<input type="checkbox"/> Kitchen Cook	<input type="checkbox"/> Respite
<input type="checkbox"/> Board of Directors	<input type="checkbox"/> Facility Cleaning	<input type="checkbox"/> Kitchen Prep	<input type="checkbox"/> Scrapbooking
<input type="checkbox"/> Client Intake	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Lawn Clean-up	<input type="checkbox"/> Shopping
<input type="checkbox"/> Crafts	<input type="checkbox"/> Handy Man	<input type="checkbox"/> Publicity Distribution	<input type="checkbox"/> Special Events
<input type="checkbox"/> Delivery	_____	_____	_____

I have the following interests/talents/abilities _____

I understand that while working at Village Project I may use equipment that may be dangerous if not used properly. Such equipment may include, but is not limited too: knives, food processors, blenders, stoves, and ovens. I do hereby agree to indemnify and hold harmless Village Project (including its officers, directors, staff members, and/or volunteers) from any claim made by any person whomsoever on account of such injury.

I give permission for videos or pictures that may be taken of me while involved at Village Project, to be shown in Village Project promotional materials. _____ Yes _____ No

Please Print Name: _____

Signature _____ **Date** _____

Emergency Medical Release Form

Allergies - Do you have any allergies to food, medications, insects, etc.? _____ Yes _____ No

If yes, please list _____

Health Conditions - Do yo currently or in the past have any medical conditions that we may need to know about that would impact your work or may require emergency treatment?

If yes, please explain _____

Emergency Contacts:

Name _____ **Phone** _____ **Relationship** _____

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