

# Village Project Volunteer Application



Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ Cell Carrier \_\_\_\_\_

Email (preferred) \_\_\_\_\_

Gender:  M  F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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"/> Cleaning	<input type="checkbox"/> Crafts	<input type="checkbox"/> Garden	<input type="checkbox"/> Receptionist	<input type="checkbox"/> Special Events
<input type="checkbox"/> Client Intake	<input type="checkbox"/> Delivery	<input type="checkbox"/> General Office	<input type="checkbox"/> Shopping	<input type="checkbox"/> Project Leaf
<input type="checkbox"/> Cooking	<input type="checkbox"/> Farm Market	<input type="checkbox"/> Handyman	<input type="checkbox"/> Technology	<input type="checkbox"/> Project Pedal
<input type="checkbox"/> Communications	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Publicity Distribution	<input type="checkbox"/> Writing	<input type="checkbox"/> Nourish

Please list other areas of interest \_\_\_\_\_

**Occasionally clients request special services including but not limited to lawn care, running errands, dog walking, shopping, etc. Check here  if you would like to be contacted to help with client needs as they arise.**

**I have the following skills or area expertise: Check all that apply**

<input type="checkbox"/> Accounting	<input type="checkbox"/> Electrician	<input type="checkbox"/> Logistics	<input type="checkbox"/> Sales
<input type="checkbox"/> Artist	<input type="checkbox"/> Environmental	<input type="checkbox"/> Marketing	<input type="checkbox"/> Sewing
<input type="checkbox"/> Biking	<input type="checkbox"/> Event Planning	<input type="checkbox"/> Merchandising	<input type="checkbox"/> Strategic Planning
<input type="checkbox"/> Canning	<input type="checkbox"/> Facebook	<input type="checkbox"/> Musician	<input type="checkbox"/> Theatre
<input type="checkbox"/> Caregiver	<input type="checkbox"/> Finance	<input type="checkbox"/> Nursing	<input type="checkbox"/> Tiling Floor/Wall
<input type="checkbox"/> Carpenter	<input type="checkbox"/> Graphic Designer	<input type="checkbox"/> Nutrition	<input type="checkbox"/> Upolstering
<input type="checkbox"/> Catering	<input type="checkbox"/> Grant Writing	<input type="checkbox"/> Office Management	<input type="checkbox"/> Volunteer Coordination
<input type="checkbox"/> Computer Specialist	<input type="checkbox"/> House Cleaning	<input type="checkbox"/> Painter	<input type="checkbox"/> Video
<input type="checkbox"/> Construction	<input type="checkbox"/> HVAC	<input type="checkbox"/> Photography	<input type="checkbox"/> Website design
<input type="checkbox"/> Dance	<input type="checkbox"/> Instagram	<input type="checkbox"/> Planned Giving	<input type="checkbox"/> Woodworking
<input type="checkbox"/> Data Base Management	<input type="checkbox"/> Insurance	<input type="checkbox"/> Plumber	<input type="checkbox"/> Writing
<input type="checkbox"/> Ebay	<input type="checkbox"/> Legal	<input type="checkbox"/> Quilting	<input type="checkbox"/> Other

List Others: \_\_\_\_\_

## How did you hear about the Village Project

Newspaper

From a Volunteer

Bay Arts Farm Market

Email

From a Client

Brochure

Attended an event

Drove by building

Other

## Consent and Acknowledgement

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, ovens, gardening tools, etc. 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

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

If yes, please list \_\_\_\_\_

**Health Conditions** - Do you currently or in the past have you had 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 \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

### Emergency Release

If, in the judgment of the staff of Village Project, the person above needs immediate care and treatment as a result of any injury or sickness, I hereby give permission to the staff to secure proper treatment for me. I do hereby consent to whatever x-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care are considered necessary in the best judgment of the attending physician, surgeon or dentist and performed by or under the supervision of the medical staff of the hospital or facility furnishing medical or dental services. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I do hereby agree to indemnify and hold harmless the Village Project (including its officers, directors, staff members and/or volunteers) from any claim by any person whomsoever on account of such care and treatment of said person.

Print Full Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

### Office use only

Date of info meeting \_\_\_\_\_

Date Added to Data Base \_\_\_\_\_

Vol. Info passed on to VP leader \_\_\_\_\_ On \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Began volunteering in this area \_\_\_\_\_ On \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_