

**Volunteer Application and Waivers**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nickname

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Opportunities**

Food Pantry\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dignity Closet\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Coffee Shop \_\_\_\_\_\_\_\_\_\_\_\_\_ Special Events \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

When can you begin volunteering? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

How often would you like to volunteer? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Education Background**

Degrees or Certificates / Licenses you possess\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current School Grade

How many service hours do you want to do at SMVC?

**Employment Background**

Are you retired? \_\_\_\_\_\_\_\_\_\_ Former Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you working? \_\_\_\_\_\_\_\_\_\_ Current Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Does your company have a matching gift program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you need any special accommodations to assist you with volunteering?
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any special skills such as music, arts, crafts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you interested in volunteering at St. Michael’s Veteran Center? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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Do you have any other volunteer experience? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that I have and will provide information throughout the selection process, including on this application for a volunteer position and in interviews with St. Michael’s Veterans Center, that is true, correct, and complete to the best of my knowledge. I understand that misrepresentations or omissions may be cause for my immediate rejection as an applicant for a volunteer position or my termination as a volunteer.

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**General Media Release Form**

1) I, the undersigned, hereby authorize St. Michael’s Veterans Center, Inc. to photograph me, take motion pictures of me, take video footage of me, and/or make electronic sound recordings of me (herein referred to as photographic or electronic reproductions).

2) I authorize the use of any such photographic or electronic reproductions of me for any purpose, including, but not limited to educational and promotional materials, website, social media and other public media, as may be deemed appropriate by St. Michael’s Veterans Center, Inc. (I understand that I may be identifiable from such photographic or electronic reproduction)

Agreed and accepted by:

Print Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_ Date

3818 Chelsea Drive, Kansas City, MO 64128 816-921-0201 [www.smvets.org](http://www.smvets.org)

**St. Michael’s Veterans Center**

**WAIVER AND RELEASE OF CLAIMS**

I acknowledge that I have decided to volunteer, solely for my own personal purpose or pleasure, with St. Michael’s Veterans Center (SMVC). I acknowledge that I have received no promise of compensation, I have no expectation of compensation nor have I received any compensation from SMVC for any of my volunteer services. I acknowledge that I am not an employee of SMVC and I will not be considered an employee of SMVC for any purpose. Furthermore, I acknowledge and understand that my volunteer services for SMVC may be ended by SMVC at any time and for any reason solely at the discretion of SMVC. I also acknowledge and understand that I may end my volunteer services at any time and for any reason as long as such termination is done at a time when it will not cause unreasonable harm or injury to any person or property.

I acknowledge and understand that when volunteering with any organization, including SMVC, there are risks associated with volunteering that I will face including but not limited to personal injury to me or damage to or theft of my property. I further acknowledge and understand that these risks cannot be completely controlled or prevented. By way of example only, possible injuries that could occur during my volunteer service include bodily injury to me caused by lifting, a slip and fall, or harm that may be caused by others.

Accordingly, for good and valuable consideration, including but not limited to the privilege of volunteering with SMVC, I hereby agree as follows:

1. By signing below, I acknowledge that my volunteer services for SMVC are entirely voluntary, and I hereby voluntarily assume any and all risks (both known and unknown) associated with my volunteer service for SMVCH, including but not limited to those risks described above.

2. By signing below, I agree on my own behalf and on behalf of my representatives, assigns, heirs and next of kin (Releasors), to waive, discharge, release SMVC, its officers, directors, employees, agents, representatives and volunteers (Releasees) from any and all responsibility, liability, claims, demands, costs, expenses (including attorneys’ fees) or actions arising out of or relating in any way to my volunteer services with SMVC, including, but not limited to, all actions based upon future negligence and all claims, for any personal or physical injury or damage to me or my property, whether occurring on SMVC’s premises or otherwise arising in connection with my volunteer services at SMVC.

3. I further agree on behalf of all Releasors not to sue SMVC and that if I commence any claim(s) in violation of this Release, SMVCH shall be entitled to assert this Release as a complete bar to such claim(s) and I agree that this Release shall be governed by the Law of Missouri.

**I hereby acknowledge that I have been given a reasonable opportunity to read the foregoing waiver and release of claims, and that I have read and fully understand its provisions.**

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Signature Date

**If the volunteer is younger than 18 years of age, parent or guardian must sign below.**

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Parent or Guardian Signature Date

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Printed name