



GATHERING FOR WOMEN - MONTEREY

Volunteer Application

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ DOB: _____ Male Female

EMERGENCY CONTACTS:

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

ADDITIONAL INFORMATION:

Are you currently: Employed Unemployed Student Retired Other: _____

Work Experience: _____
(if available, please attach resume)

Volunteer Experience: _____

SKILLS:

Bilingual: Yes No If yes, specify language: _____

Other skills, hobbies, and interests: _____

AREAS OF INTEREST:

Cook Kitchen Helper Personal Care Products Clothes Closet
 Bus Guide Clerical Assistant Case Management Other: _____

I am interested in volunteering because: _____

PLEASE READ AND SIGN REVERSE SIDE FOR APPLICATION TO BE VALID

VOLUNTEER STATUS: I acknowledge and agree that if I am selected to serve as a volunteer, I will serve on an at will basis, meaning I can stop volunteering or GFW may require that I stop volunteering at any time. I intend to donate my services to GFW and I understand and agree that I will not be paid for my service, but am volunteering for humanitarian objectives.

RELEASE AND WAIVER: I understand as a volunteer, I am not employed by Gathering for Women - Monterey (hereafter referred to as GFW), and that I will not be covered by workers' compensation insurance. I further agree to defend, indemnify, and hold harmless GFW and its officers, directors, employees, volunteers and agents, from and against any and all claims, actions, losses, demands, costs, damages, liability, and expenses relating to or incidental to, or arising directly or indirectly from my service as a volunteer, or that are connected in any way to such services.

This Release and Waiver discharges in advance GFW, its directors, officers, agents, directors, volunteer and employees from liability even though that liability may rise out of negligence or carelessness on the part of the persons or entities mentioned above. Some volunteer activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk is binding on my heirs and assigns.

CRIMINAL BACKGROUND CHECK: Volunteers (18 years or older) who are selected for a volunteer assignment will be required to undergo a "Live Scan Fingerprint" background check. Notifications of relevant convictions are sent to GFW by the State of California, Department of Justice, and Bureau of Criminal Investigations. Convictions will be reviewed on a case-by-case basis to determine if the applicant will be accepted as a volunteer.

CONVICTION INFORMATION: If I have been convicted of a crime, I will provide on a separate piece of paper the following information pertaining to all convictions unless sealed or expunged. (Do not list arrests that did not result in conviction.) This information is required for all volunteers and will be maintained in a confidential manner:

- Date of Conviction
- Code Section Violated (Number and Title)
- Felony or Misdemeanor
- Sentencing Information (length of jail sentence, time served, monetary fine, terms of parole and/or probation)
- Description of Offense and/or Additional Remarks

DRIVER REQUIREMENTS: I understand and agree I may not drive a vehicle on GFW business without the written authorization of the GFW executive director. If authorized to drive on GFW business, I agree to provide the following documents to GFW:

1) A copy of my driver's license. 2) Evidence of vehicle insurance with bodily injury coverage in the amount of at least \$100,000 per person, \$300,000 per accident. 3) A copy of my DMV Driver Record which I can request from the DMV or from my insurance agent. 4) If over the age 69 years, a statement of fitness to drive signed by my physician. I further understand and agree that volunteers under the age of 21 are not authorized to drive on GFW business regardless of their adherence to items 1 through 4 above. Lastly, I understand and agree that the information I provide in regard to my driving record, fitness to drive, and insurance coverage will remain confidential.

PHOTO RELEASE: I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of my likeness, voice and/or activities while serving as a volunteer, and I further authorize GFW its agents, or assigns, to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio, television stations and the internet. I understand that I will not receive any monetary compensation for my services or for the use of my photos/videos. I do hereby release and hold harmless GFW, its officers, directors, and employees from any claims.

EMERGENCY MEDICAL TREATMENT: In case of serious injury, I give my permission for GFW to seek any emergency medical treatment for me should it become necessary.

AGREEMENT: I will abide by all policies, protocols, procedures, and other requirements set forth by GFW. I understand that I may be subject to specific training requirements such as Food Handling and other training deemed necessary by GFW.

Applicant Signature

Date

Parent/Guardian Signature (if under 18yrs old)

Date