

VOLUNTEER APPLICATION FORM | INDIVIDUAL

DATE _____

NAME _____

DATE OF BIRTH _____

ADDRESS _____

PHONE _____ EMAIL _____

COMMITMENT | PLEASE CHECK ALL THAT APPLY

SHORT TERM PROJECT: 1-2 HOURS HALF DAY 1 DAY SEVERAL DAYS

ON-GOING PARTNERSHIP: WEEKLY MONTHLY SEVERAL TIMES PER YEAR

SPECIAL CONSIDERATIONS | PLEASE CHECK ALL THAT APPLY

AGE PHYSICAL HEALTH MOBILITY OTHER

PLEASE EXPLAIN _____

AVAILABILITY | PLEASE INDICATE THE BEST DAY(S) AND TIME(S)

MON TUES WED THURS FRI SAT SUN **OR**

ANY WEEKDAY ANY WEEKEND AM ONLY PM ONLY **OR**

SPECIFIC DATE(S) _____ SPECIFIC TIME(S) _____

SERVICE PREFERENCE | PLEASE SELECT AREA(S) MOST INTERESTING TO YOU

WORK DIRECTLY WITH CLIENTS (e.g., Care Companion; Friendly Caller; lead an activity)

I HAVE A SKILL I WANT TO SHARE WITH CLIENTS (Please List) _____

ADMINISTRATIVE HELP (e.g., event planning; event set-up; event check-in; mail projects; working with databases)

FOOD SERVICE (e.g., pantry or food bank workers; food drive)

MAINTENANCE (e.g., yard or neighborhood clean-up; minor home repair; painting; minor construction & small assembly; gardening)

DRIVER

AREA OF GREATEST NEED OTHER: _____

EMPLOYER/SCHOOL INFORMATION | IF APPLICABLE

NAME OF COMPANY OR SCHOOL: _____

SUPERVISOR/TEACHER NAME: _____

PHONE OR EMAIL (IF HOURS NEED TO BE SUBMITTED): _____

HOW DID YOU HEAR ABOUT FSL'S VOLUNTEER PROGRAM?

WEBSITE FSL SERVICE RECIPIENT FAMILY MEMBER PRINT MEDIA

SOCIAL MEDIA FSL STAFF MEMBER _____ OTHER _____

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INDIVIDUAL VOLUNTEER POLICY

Please make certain you have read and agree to the following before signing

- Volunteers accepted for placement will be sent a Volunteer Agreement defining the volunteer project(s) prior to the start date of the stated project(s).
- Volunteers will be assigned to an FSL employee for management. The manager will:
 1. Provide coordination and supervision for the individual while volunteering.
 2. Report to HR and the Volunteer Coordinator any behavior, actions, or language inappropriate for the established activity, location, or group which may endanger the health and/or well-being of the individual, other volunteers, or clients.
- **Youth aged 18 years and younger** may volunteer on a restricted basis. A responsible adult must accompany volunteers under the age of 18 **at all times** during the stated period of service work. Volunteers under the age of 18 must present the Volunteer manager with a signed Parental Consent Form, which will remain on file with FSL prior to and during the youth's period of service.

RELEASE

I understand the risks involved in being a volunteer for FSL. I hereby release, discharge and hold harmless FSL and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which may arise or may hereafter arise from my volunteer activities with FSL whether caused by the negligence of FSL, its officers, or employees. I hereby expressly and specifically assume the risk of injury or harm in the volunteer activities and release FSL from all liability or claims resulting from my volunteer activities. I further understand that FSL will not assume any financial liability for any injury, illness or loss that I might incur while performing voluntary service for FSL.

PHOTOGRAPHIC RELEASE

I hereby grant and convey to FSL all rights, title, and interest in any and all photographic images and video or audio recordings made by FSL during the volunteer activities with FSL, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

VOLUNTEER SIGNATURE

DATE

SIGNATURE OF PARENT/GUARDIAN, IF UNDER AGE 18

DATE

Return completed form to:

FSL Volunteer Services

1201 E Thomas Rd
Phoenix, AZ 85014

Phone: (602) 285-1800

Fax: (602) 285-1838

Email: Volunteers@fsl.org

