

## Individual Volunteer Registration Form

Today's Date: \_\_\_\_\_

### Personal Information (Please Print Legibly)

*All contact information is confidential. We do not disclose any information to other organizations or individuals.*

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ \*Parent/Guardian Name: \_\_\_\_\_

*\*(required for 17 and under)*

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

If you have volunteer experience, please tell us where: \_\_\_\_\_

### Emergency Contact Information (Required)

Emergency Contact (not accompanying you today): \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

### Additional Information/Availability

When are you able to volunteer (check all):

Monday			
Tuesday	Saturday	Morning	
Wednesday	Sunday	Afternoon	
Thursday		Evening	
Friday			

Are you a student volunteering to fulfill a certain amount of community service hours? Yes No

Name of School: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_ Deadline to complete required hours: \_\_\_\_\_

### Interests/Qualifications

Please check off volunteer areas of interest and indicate your special skills:

Adobe Illustrator	Grant Writing	MS Publisher	Outreach (e.g., staff info. table at area health fairs and community events)
Adobe InDesign	Human Resources	MS Word	Social Media Skills
Adobe Photoshop	IT	Nursing	Social Work
Building Maintenance	Support4Families	Photography	Telephone Skills
Database	Landscaping/Gardening	Program (e.g., assist w/ food prep at Healthy Cooking classes)	Writing Skills
Finance/Accounting	MS Excel		
General Office	MS PowerPoint		

Fluent in a language other than English: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

## Waiver and Release

**Permission – Use of Photos/Video:** I hereby give permission to use, and/or publish individual and group photographs, films and videos of me or my child through any medium for promotional or other uses furthering the mission of Crossroads4Hope, including use on the Crossroads4Hope website.

### Volunteer Confidentiality:

- *Purpose:* The Crossroads4Hope Volunteer Confidentiality Policy defines and describes the management of confidential information for individuals volunteering at Crossroads4Hope.
- *Philosophy:* We believe that donor information, as well as member information, is confidential. We believe that every safeguard should be taken to ensure that both the donor and the member information is kept confidential. This includes all communications (written and verbal), observations, and information about or between members, staff, volunteers, visitors, and board members of Crossroads4Hope. We do not sell the mailing list or provide mailing lists directly to any corporate partners or other nonprofit organizations.
- *Responsibilities and Guidelines:* All volunteers shall keep confidential and shall not, without the express written consent of Crossroads4Hope's CEO or Board of Trustees Executive Committee, disclose to any person or organization any information regarding donations received by Crossroads4Hope or any Crossroads4Hope financial business information. All volunteers shall keep confidential and shall not disclose to any person or organization any identifying information regarding members in Crossroads4Hope programs.
- *Procedure:* All volunteers shall sign a copy of this policy. It will be maintained on file by Crossroads4Hope.

**Volunteer Agreement:** In signing this liability waiver, I certify that I am a willing participant in the Crossroads4Hope volunteer program. I agree to work according to instructions I receive. I agree to behave in a responsible manner. I agree to perform only work that I feel comfortable in doing and that I feel I can accomplish safely. I agree I am wearing clothes and shoes that I believe will provide protection according to work conditions.

I understand that if I have provided false or misleading information, I acknowledge that Crossroads4Hope may terminate any volunteer assignment immediately. I also understand that by submitting this application, I am authorizing those persons named as references to provide information related to my capabilities/skills, character traits or other personally identifiable information for the purpose of assisting me in obtaining a volunteer position.

**Acknowledgment and Assumption of Risk:** I, the undersigned, understand that volunteerism at Crossroads4Hope may involve physical labor, such as lifting and working with tools, and handling food products. I hereby release, discharge, waive and relinquish all claims, liabilities and damages I may sustain from bodily injury, personal injury or property damage and hold harmless Crossroads4Hope, its officers, directors, employees and agents.

**Consent:** I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies, which may otherwise be available to me regarding any losses I may sustain as a result of my participation.

I acknowledge having read and understood the above consent form on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

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

\_\_\_\_\_  
Street Address, City, State, Zip Code

**Parental Consent (required of all volunteers 17 years of age or younger):** I, the undersigned, as the parent or guardian of the child/children named here in, do hereby agree to the above consent, waiver and release of liability agreement above and allow my child/children to participate as a volunteer for Crossroads4Hope.

\_\_\_\_\_  
Signature of Parent/Guardian Date: \_\_\_\_\_

*Opportunities for volunteers are provided without regard to race, religion, national origin, gender, age or disability.*

Please return form (by mail) to Chris Walker, Crossroads4Hope, 3 Crossroads Drive, Bedminster, NJ 07921, (by e-mail) to [cwalker@crossroads4hope.org](mailto:cwalker@crossroads4hope.org) or (by fax) to 908 658 5404.