

VOLUNTEER APPLICATION



Contact Information

Date: _____

Please Print

Name: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell Phone: _____

Email Address: _____

Date of Birth: _____

Church you attend: _____

Pastoral reference: _____

Emergency Contact: _____

Emergency Phone: _____

Volunteer Opportunities

Please check the volunteer opportunities you are interested in.

Pantry (Mon-Fri)

Pantry Area Volunteer

Front Desk

Store Donation Pick Up (Mon-Sun)

Donations from stores

Donations from The YMCA of the Rockies

___ YMCA Food Re-Packager

Food Bank Driver (Tuesday)

Pick Up from Food Bank for Larimer County

Delivery Driver (Mon-Fri)

___ Meals on Wheels

Administrative Opportunities (As Needed)

Newsletter production and Mailings

___ Holiday food distribution (Thanksgiving and Easter)

___ Fundraising Projects (coordinate a fundraiser or help with a fundraiser)

How did you hear about the volunteer opportunity? _____

Would you like to receive our Newsletter via email? Yes or No

Releases

VOLUNTEER ACKNOWLEDGEMENT AND RELEASE OF LIABILITY

As a volunteer for Crossroads Ministry of Estes Park, Inc., I understand and acknowledge that Crossroads Ministry does not provide health or medical insurance or workers compensation insurance in connection with any volunteer activity, and I agree that I will be financially responsible for any bills incurred as a result of medical treatment, including emergency treatment and/or transportation to a medical facility, in connection with my volunteering.

I also understand and acknowledge that if I am driving my own vehicle on Crossroads Ministry business, I am responsible for carrying appropriate insurance coverage for that vehicle.

I authorize Crossroads Ministry through its director or employees to render or obtain such emergency medical care or treatment for me as may be necessary should any injury, harm or accident occur to me while participating in this activity. I further authorize Crossroads Ministry to notify the contact person(s) of my choice in the event of an emergency.

CONFIDENTIALITY STATEMENT

As a volunteer with Crossroads Ministry of Estes Park, Inc., I understand that while working at Crossroads Ministry of Estes Park, Inc., I will be exposed to conversations, information and situations of a personal and confidential nature. I understand that I am prohibited from disclosing to any person other than an official of Crossroads Ministry of Estes Park, Inc., any such information concerning people who come for assistance to the Crossroad's office. This includes but is not limited to such information as their identification, personal information, description, and participation in various programs. By signing this agreement, I agree to keep confidential all such information referred to in this statement. I further understand that maintaining the utmost confidentiality in all situations and for all people is a requirement of my volunteer job, and that any breach of this agreement may result in immediate dismissal.

ESTES VALLEY MEALS ON WHEELS VOLUNTEER DRIVERS ONLY

To ensure a safe environment for the participants we serve, all persons applying to serve as volunteer drivers for Estes Valley Meals on Wheels must agree to a comprehensive police background check administered by the Town of Estes Park, including release of personal driving record information. Additionally, proof of valid auto insurance must be included with this application.

Name (Print)

Signature

Date:

Thank you for completing this application form and for your interest in volunteering with us.

For Staff Only:

Date Entered into Data Base: _____

Newsletter Information Recorded: _____

Email Added to Gmail Contacts: _____

Info Communicated with Appropriate Staff: _____