

# VOLUNTEER APPLICATION



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## 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: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

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## 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**

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**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.**