

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: _____

Emergency Contact: _____

Emergency Phone: _____

Volunteer Opportunities

Please check the volunteer opportunities you are interested in.

The Market (Mon-Fri)

Market Area Volunteer

Store Donation Pick Up (Mon-Sun)

Pick up Donations from stores

Food Bank Driver (Tuesday and Thursday)

Pick Up from Food Bank for Larimer County

Delivery Driver (Mon-Fri)

___ Meals on Wheels

Helping Hub Volunteers

Non-medical Care

___ Food Delivery

___ Companionship and fun

___ the Helping Hub van route drivers

Client Coaching

How did you hear about the volunteer opportunity? _____

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

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.

BOUNDARIES, POLICIES, PROCEDURES:

As a volunteer with Crossroads you will have interaction with many clients. Here at Crossroads we have many boundaries, policies, and procedures in place to provide the best possible environment, opportunity, and culture to serve our client needs. It is vital that our volunteers learn and follow all set boundaries, policies, and procedures to ensure we maintain standards of excellence, confidentiality, and respect for all of our clients, staff, and volunteers.

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. _____

Crossroads Volunteer Liability Waiver and Agreement

This document explains possible risks of volunteering and includes liability waivers, consents, and other legal agreements.

By signing below, I, the volunteer (or volunteer's legal guardian), acknowledge that entry into this agreement ("Agreement") is in consideration of my participation as a volunteer, and confirm my understanding and agreement to the following:

Policies and Safety Rules

I will comply with Client's volunteer policies, safety rules, conduct expectations, and other directions. I understand that Crossroads does not tolerate bullying, harassment, threatening behavior, or violence of any kind. I understand that noncompliance may result in termination of my volunteer status

Volunteer Not an Employee

I understand that (a) I am not an employee of Crossroads, (b) I will not be paid for my participation, and (c) I am not covered by or eligible for any Crossroads insurance, health care, worker's compensation, or other benefits. I understand that Crossroads may terminate my volunteer status at any time, for any or no reason.

Risks Associated with Volunteering

Volunteering for Crossroads has risks. These risks may arise in a variety of ways. They include, without limitation: my lifting heavy objects or otherwise exerting myself lifting heavy items, using sharp objects or other tools, being exposed to dust, loud noises, and interacting with and being in the presence of other volunteers, visitors and other people. I understand I may come in contact with clients and other people who maybe hostile. I understand that these risks include risks of injury, illness, death, and property damage or loss, and that they may arise from my own actions or from the actions of others at or near Crossroads facilities or encountered when traveling for Crossroads activities offsite. I also understand that even if Crossroads, I, and other persons present at Crossroads facilities follow all health and safety protocols, I may still be exposed to COVID-19 or other infectious diseases.

Awareness and Assumption of Risk

I understand the information above, and confirm and acknowledge that these are risks associated with volunteering. With such information and awareness, and with the recognition that other factors may create additional such risks, I knowingly, freely, and voluntarily: (a) sign up to volunteer for Crossroads; (b) engage in volunteer activities; and (c) assume and accept the risks of all injury, death, property damage or loss, financial obligation, loss of privacy, loss of reputation, and all other injuries and other consequences, whether known or unknown, whether foreseen or unforeseeable, and whether incurred at Crossroads facilities or elsewhere, that may result, directly or indirectly, from my presence at Crossroads facilities or participation as a Crossroads volunteer, regardless of the cause.

Waiver and Release of Claims

I waive and release Crossroads and its directors, officers, agents, employees, volunteers, and affiliates (collectively, "Crossroads Parties") from any and all liability, claims, costs, and expenses of any kind and of whatever nature which I or my heirs, next of kin, or legal representatives may have or which may later accrue, caused by or arising directly or indirectly from my presence at Crossroads facilities or participation in Crossroads activities. This release and waiver includes, in each such case, all claims in respect of the risks noted above, known and unknown, foreseen and unforeseeable, regardless of the cause or whether such claims arise from tort, contract, or otherwise, and even if caused by negligence, whether passive or active. I will not sue any of the Crossroads Parties on the basis of these waived and released claims. This Agreement will be governed by Colorado law. C.R.S S 13-50.5-105

Disclosure of Medical Conditions

I understand that I am solely responsible for knowing my own physical condition and making my own decision about volunteering. I have disclosed all medications and conditions relevant to my participation to my supervisor or other staff at Crossroads, including chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that Crossroads needs such information because some medication side effects or medical conditions could affect my safety or that of others at Crossroads. I consent to Crossroads sharing this information with health professionals or first responders should I become ill or injured while at Crossroads facilities.

Medical Care Consent and Waiver

I authorize Crossroads to provide me with first aid and to arrange medical assistance, transportation, and emergency medical services for me if I get hurt while volunteering. I understand that Crossroads is not obligated to provide this care. I also understand that I am solely responsible for any costs related to my medical treatment and transport, and that Crossroads does not provide health, medical, disability, or other insurance coverage for me.

Confidentiality

I may have access to Crossroads' confidential information. At all times during and after my participation, I agree to hold any such confidential information in confidence and not disclose or use it except as Crossroads expressly authorizes.

Assignment of Work Product

I grant full rights to Crossroads in any reports, brochures, website content, photos, images, videos, or other materials or works I may create in the course of volunteer activities, and any intellectual property rights in or derivatives of such materials.

Use by Client of My Name and Image

I understand that Crossroads may take photos or videos of me. I consent to use by Crossroads of my image, voice, name, and story, and of images of any works I may create as a volunteer (collectively, "Materials"), in Crossroads' digital and print promotional, fundraising, educational, and other communications. Crossroads may use the Materials without obtaining my approval or paying me for such use. I grant Crossroads all copyrights in and waive any legal claims relating to the Materials, including those relating to copyright, rights of publicity or privacy, or defamation, or arising from any distortion, blurring, or alteration that may occur in the making, editing, or use of the Materials.

My checking this box means that I do not wish to agree to this consent:

General Provisions

I hereby RELEASE, WAIVED, and COVENANT NOT TO SUE, and further agree to INDMNIFY. DEFEND and HOLD HARMLESS the Released Parties, together with the organizers, promoters, sponsors, advertisers, hosts, venue and property -to owners upon which the Activities take place, law enforcement agencies and other public entities providing support for the Activities. and each of their respective parent, subsidiary and affiliated companies, officers, directors, partners, shareholders, members. agents, employees and volunteers, with respect to any liability, claim(s), demand(s), cause(s) of action, damage(s), loss or expense, including court costs and reasonable attorney's fees of any kind or nature ("Liability") which may arise out of, result from. or relate to my participation in the Activities, including claims for Liability caused in whole or in part by the negligence of the Released Parties. I further agree that if, despite this Agreement, I, or anyone on my behalf, make a claim for Liability against any of the Released Parties, I will indemnify, defend, and hold harmless each of the Released Parties from any such Liability which may be incurred as a result of such a claim.

I HEREBY warrant that I have read this Agreement carefully, understand its terms and conditions, acknowledge that I will be giving up ALL legal right by signing it (including the rights of the minor, my spouse, children, parents, guardians, next of kin, heirs and any legal and personal representatives, executors, administrators, successors and assigns), acknowledge that I have signed this Agreement freely and voluntarily, without any inducement, assurance or guarantee, and intend for my signature to serve as confirmation of my complete and unconditional acceptance between the parties regarding these issues and no oral representation, statements, or inducements have been made apart from this Agreement. If any provision of this Agreement is held to be unlawful, void, or for any reason unenforceable, then that provision shall be deemed severable from this Agreement and shall not affect the validity and enforceability of any remaining provision.

I understand that this Agreement will be binding for so long as I am a volunteer at Crossroads. This Agreement will run in favor of, and may be enforced by, each of the Crossroads Parties, and will bind my heirs, next of kin, and legal representatives. This Agreement will be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the other terms remain effective. This Agreement will be governed by Colorado law. C.R.S S 13-50.5-105

I affirm that I am of legal age and able to sign on my own behalf and am freely signing this Agreement. **I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights** and remedies that may be available to me and to other persons.

I affirm that I am the parent or legal guardian of the participant and am freely signing this document on their behalf. I certify that I have the authority to sign on behalf of the participant and to make decisions for the participant regarding volunteering. I also waive and release Crossroads Parties from any and all liability, claims, costs, and damages of any kind which I may have resulting or arising directly or indirectly from the participant's participation in volunteering. **I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights** and remedies that may be available to the participant, to me, and to other persons.

Signature (of parent/guardian, if applicable)

Participant name (if parent/guardian signs)

Print name

Date

Emergency contact name

Emergency contact phone