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VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

General Information

(please type or print)

Name: _____ Your Preferred Pronoun _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ cell/home/work Best time to call: Morning/Afternoon/Evening
 Can we text you? ___ Yes ___ No
 Email: _____
 Primary Language _____
 Date of birth (mm/dd/) _____
 Your t-shirt size: _____
 Are you 18 years of age or older? ___ Yes ___ No

Demographics

Gender: Employment status: Ethnic origin: Marital status:

<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Non-Binary	<input type="checkbox"/> Employed for wages <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker <input type="checkbox"/> Student <input type="checkbox"/> Retired <input type="checkbox"/> Military	<input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> African American <input type="checkbox"/> Native American/American Indian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	<input type="checkbox"/> Single/Never Married <input type="checkbox"/> Married/Partnership <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
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Thank you for celebrating with us!

Celebrating One is a non-profit organization tax-exempt under section 501(c)(3) of the Internal Revenue Code.

Office
 8000 Walton Parkway,
 Suite # 236
 New Albany, OH 43054

Mailing
 P.O. Box 123
 New Albany, OH 43054

E: info@celebratingone.org
 P: 614-656-2173
www.celebratingone.org

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Volunteer Interest

How many hours per week do you wish to volunteer? _____

Please indicate days & times you are available

Monday From _____ To _____ Tuesday From _____ To _____
 Wednesday From _____ To _____ Thursday From _____ To _____
 Friday From _____ To _____ Saturday From _____ To _____
 Sunday From _____ To _____

Do you prefer short term projects? ____ Yes ____ No
 Are you able to commit to volunteering for 1 year? ____ Yes ____ No

We will attempt to place our Volunteers in positions where they have the most interest. Occasionally you may be asked to volunteer in an area where we have the greatest need.
 Please tell us in which areas you are interested in volunteering. Check all that apply.

- Youth (mentor, help with resources, receive call/texts, schoolwork, etc)
- Adults (emotional support, resources, advocacy, shopping, organizing etc)
- Administration/Clerical (assist executive director, copy, file, data entry, inventory etc)
- Event Fundraising (plan fundraisers; host events; assist with mailings; etc.)
- Community Engagement & Outreach (vendor shows; attending chamber meetings; etc.)
- Marketing/Social Media and/or PR & Communications (newsletter; make phone calls; press releases; content creation;)
- Soliciting donations/Donor management (maintain relationships & records; contact donors, etc.)
- Volunteer engagement/Human resources (training, meetings, recruitment, etc.)
- Other/Miscellaneous (please list any additional activities that you wish to do that are not listed on this form.

Any physical limitations? _____


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In case of emergency, please contact:

Name _____
 Relation _____ Phone _____

Would you be willing to undergo a background check? ___ Yes ___ No

References

Please provide 3 references (only one reference may be a relative) who have knowledge of your skills, abilities. Individuals should have worked with you on projects and activities and known you for at least one year.

Reference 1
 Name _____
 Address _____

 Daytime Phone: _____
 Relationship: _____

Reference 2
 Name _____
 Address _____

 Daytime Phone: _____
 Relationship: _____

Reference 3
 Name _____
 Address _____

 Daytime Phone: _____
 Relationship: _____

Reference 4
 Name _____
 Address _____

 Daytime Phone: _____
 Relationship: _____

Permission to conduct reference check

I _____ (volunteer's name), hereby authorize Celebrating One to conduct a reference checks from names listed above in connection with my volunteer application, and release them from any liability in regard to the same.

 Signature

 Date


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Questionnaire

Please answer the following questions. You may add additional pages if necessary.

1. How did you hear about our organization?

2. What do you know about our organization?

3. Why are you interested in volunteering for Celebrating One?

4. What do you think are the great characteristics of a volunteer?


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5. What other volunteer commitments do you currently have?

6. Any special talents or skills you have that you feel would benefit our organization?
(e.g graphic design)


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VOLUNTEER WAIVER

We greatly appreciate your assistance and commitment to Celebrating One. Our insurance policy requires that we have an accurate record of all volunteers. This is a form where you agree to release Celebrating One of all liability while working with Celebrating One. This form is in effect for one year from the signing date. This Release and Waiver of Liability (the “Release”) executed on this _____ day of _____ 20____, by _____ (the “Volunteer”) in favor of Celebrating One, a non-profit corporation, their directors, officers, employees, and agents (collectively, “C1”). The Volunteer desires to work as a volunteer for C1 and engage in the activities related to being a volunteer (the “Activities”). The Volunteer understands that the Activities may include participating in special events and fundraisers, and working in an office setting. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

- Volunteer does hereby release and forever discharge and hold harmless Celebrating One 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 arise or may hereafter arise from Volunteer’s Activities with Celebrating One.
- Volunteer understands that this Release discharges C1 from any liability or claim that the volunteer may have against Celebrating One with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer’s Activities with Celebrating One, whether caused by the negligence of Celebrating One or its officers, directors, employees, or agents or otherwise.
- Volunteers also understand that Celebrating One does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
- Medical Treatment: Volunteer does hereby release and forever discharge Celebrating One from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer’s Activities.


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- Insurance: The Volunteer understands that, except as otherwise agreed to by Celebrating One in writing, Celebrating One does not carry or maintain health, medical, or disability insurance for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
- Photographic Release: Volunteer does hereby grant and convey unto Celebrating One all rights, title, and interest in any and all photographic images and video or audio recordings during the Volunteer’s Activities with Celebrating, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
- Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio.
- Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
- As a volunteer of our organization I agree to abide by the policies and procedures.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name (Print Please) : _____

Volunteer Signature: _____

Today’s Date: _____

***** If the volunteer is under the age of 18 a parent or legal guardian must sign.*****

Parent Name: _____

Parent Signature: _____ (if 18 or under)

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