

|   |  |  |   |            |  |    |
|---|--|--|---|------------|--|----|
| <b>PERSONAL INFORMATION</b>   |  |  |   | Date       |  |    |
| First Name  |  | Middle   | Last Name   |            | Prefix (Miss, Mrs, Mr, Dr, etc)  |    |
| Street Address  |  |  |   | Home Phone |  |    |
| City  |  |  | State   | Zip Code   | Cell Phone   |    |
| Email Address   |  |  | Date of Birth   |            | <input type="checkbox"/> Adult <input type="checkbox"/> Youth (Under 18) |    |
| <b>AVAILABILITY</b>   |  |  |   |            |  |    |
| Days you can volunteer, please check all that apply:  |  |  | Office Hours are Mon-Fri 8:30a – 5pm  |            |  |    |
| <input type="checkbox"/> Mon <input type="checkbox"/> Tues <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> Weekends   |  |  | <input type="checkbox"/> Office Hours <input type="checkbox"/> After Hours <input type="checkbox"/> Other _____ |            |  |    |
| <b>EXPERIENCE &amp; WORK INFORMATION</b>  |  |  |   |            |  |    |
| Have you previously volunteered with NCSH?  |  | If so, please list site location and dates of service: |   |            |  |    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |   |            |  |    |
| List your most recent paid or volunteer work, <b>you must provide at least two professional references</b>  |  |  |   |            |  |    |
| Organization  |  |  | Position  |            | Phone  |    |
| Supervisors Name  |  | Duties   |   |            | From   | To |
| Organization  |  |  | Position  |            | Phone  |    |
| Supervisors Name  |  | Duties   |   |            | From   | To |
| <b>PERSONAL HISTORY</b>   |  |  |   |            |  |    |
| Have you ever been convicted of a felony? Please exclude any marijuana convictions more than two years prior to the date on this application, convictions for which the records were sealed, expunged, or erased, misdemeanor convictions, and summary offenses. (NOTE: A prior conviction will not necessarily disqualify you from volunteering) |  |  |   |            |  |    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, Please list nature of offense, dates of conviction, and dates of incarceration: _____  |  |  |   |            |  |    |
| Are you a graduate / alumni of NCSH?  |  |  |   |            |  |    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, when did you graduate: _____   |  |  |   |            |  |    |
| Are you volunteering for a court ordered community service requirement?   |  |  |   |            |  |    |
| <input type="checkbox"/> Yes <input type="checkbox"/> No   If yes, how many required hours must you work? _____   |  |  |   |            |  |    |
| When must your community service be completed by: _____   |  |  |   |            |  |    |

## EMERGENCY CONTACT INFORMATION

|      |              |       |
|------|--------------|-------|
| Name | Relationship | Phone |
| Name | Relationship | Phone |

## SKILLS

Please select the skills you have had training and experience in

|  |  |  |
|--|--|--|
| <input type="checkbox"/> Accounting                | <input type="checkbox"/> Event Planning  | <input type="checkbox"/> Microsoft Office Programs |
| <input type="checkbox"/> Administrative / Clerical | <input type="checkbox"/> Finance         | <input type="checkbox"/> Painting                  |
| <input type="checkbox"/> Call Center / Telephone   | <input type="checkbox"/> Human Resources | <input type="checkbox"/> Reception                 |
| <input type="checkbox"/> Carpentry                 | <input type="checkbox"/> Landscaping     | <input type="checkbox"/> Sales                     |
| <input type="checkbox"/> Computers                 | <input type="checkbox"/> Languages _____ | <input type="checkbox"/> Teaching                  |
| <input type="checkbox"/> Customer Service          | <input type="checkbox"/> Legal           | <input type="checkbox"/> Technical - Electrical    |
| <input type="checkbox"/> Data Entry                | <input type="checkbox"/> Medical         | <input type="checkbox"/> Technical - Plumbing      |

## PROFESSIONAL LICENSES (RN, PSY, LCSW, MD, etc.)

|                 |       |           |
|-----------------|-------|-----------|
| Type and Number | State | Exp. Date |
| Type and Number | State | Exp. Date |

## VOLUNTEER OPPORTUNITIES

How did you hear about volunteer opportunities at NCSH?

Community Presentation  
  Friend/Relative  
  Volunteer Fair  
  School/University  
  Other \_\_\_\_\_  
 Internet – Please specify website: \_\_\_\_\_

Select the opportunity that most interests you:

If selecting more than one opportunity, please number your choices based on preference

|   |  |   |
|---|--|---|
| <p>_____ <b>Administration</b></p> <input type="checkbox"/> Events / Special Project<br><input type="checkbox"/> Finance Assistant<br><input type="checkbox"/> Human Resources Assistant<br><input type="checkbox"/> Office Support<br><input type="checkbox"/> Outreach / Public Relations | <p>_____ <b>Clinical</b></p> <input type="checkbox"/> Counselor Assistant I<br><input type="checkbox"/> Counselor Assistant II<br><input type="checkbox"/> Events / Special Projects<br><input type="checkbox"/> Kitchen Assistant<br><input type="checkbox"/> Office Support<br><input type="checkbox"/> Receptionist | <p>_____ <b>Youth</b></p> <input type="checkbox"/> Events / Special Projects<br><input type="checkbox"/> Office Support<br><input type="checkbox"/> Receptionist<br><input type="checkbox"/> Teacher Assistant I<br><input type="checkbox"/> Teacher Assistant II |
| <p>_____ <b>Facilities</b></p> <input type="checkbox"/> Landscaper<br><input type="checkbox"/> Painter<br><input type="checkbox"/> Technical  |  |   |

**The statements below are part of the application and should be read carefully.**

I CERTIFY THAT THE ANSWERS ON THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. IN SUBMITTING THIS APPLICATION FOR A VOLUNTEER OPPORTUNITY, I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN IT AND I UNDERSTAND AND AGREE THAT ANY MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR WILL RESULT IN REFUSAL TO RECRUIT OR, IF VOLUNTEERING, WILL RESULT IN MY DISMISSAL AT ANY TIME REGARDLESS OF WHEN THE FALSE ANSWER OR OMISSIONS ARE DISCOVERED. **INITIAL:** \_\_\_\_\_

I UNDERSTAND THAT THIS APPLICATION IS NOT INTENDED TO CREATE, NOR SHOULD IT BE CONSTRUED TO CREATE, AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT. IT DOES NOT CREATE CONTRACTUAL OBLIGATIONS OF ANY KIND. I UNDERSTAND THAT I WILL NOT BE PAID FOR MY SERVICES AS AN NCSH VOLUNTEER. **INITIAL:** \_\_\_\_\_

I HEREBY AUTHORIZE THE INVESTIGATION OF ALL MATTERS CONTAINED IN THIS APPLICATION, INCLUDING A CRIMINAL BACKGROUND CHECK, AND HEREBY GIVE ANY PERSON OR ORGANIZATION WHOSE NAME I HAVE GIVEN AS A REFERENCE OR BY WHOM I HAVE BEEN PREVIOUSLY EMPLOYED OR VOLUNTEERED, TO FURNISH NCSH OR ITS REPRESENTATIVES, ANY INFORMATION CONCERNING ME, WITH RESPECT TO MY QUALIFICATIONS AS A VOLUNTEER. I HEREBY RELEASE ALL SUCH PERSONS AND ORGANIZATIONS FROM ANY CLAIMS FOR DAMAGES ARISING AS A RESULT OF THE GOOD FAITH DISCLOSURE OF SUCH RECORDS OR INFORMATION.

**Initial:** \_\_\_\_\_

AS A CONDITION OF VOLUNTEERING, I WILL COMPLETE THE REQUIRED MEDICAL QUESTIONNAIRE. I UNDERSTAND THAT ANY MEDICAL EVALUATION PROCEDURE IS CONSISTENT WITH THE AGENCY COMMITMENTS TO THE DISABLED AND CONSISTENT WITH THE AMERICANS WITH DISABILITIES ACT. I FURTHER UNDERSTAND THE FUNCTIONS OF THE POSITION OFFERED, WITH OR WITHOUT ANY REASONABLE CONSIDERATION. **INITIAL:** \_\_\_\_\_

I GIVE NORTH COUNTY SERENITY HOUSE, INC., ITS NOMINEES, AGENTS, AND ASSIGNS, PERMISSION TO USE, AND PUBLISH FOR PURPOSES OF ADVERTISING, TRADE, OR ANY OTHER LAWFUL USE, INFORMATION ABOUT ME AND REPRODUCTION OF MY LIKENESS (PHOTOGRAPHIC AND OTHERWISE) AND MY VOICE, WITH OR WITHOUT IDENTIFICATION OF MY BY NAME. **INITIAL:** \_\_\_\_\_

**I certify by my signature that I have read and agree to all of the terms as stated above.**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## **VOLUNTEER WAIVER & RELEASE OF LIABILITY**

I wish to volunteer my services to North County Serenity House. I understand the nature of the volunteer activities that are to be performed by me may involve physical activity, contact with unidentified and unfamiliar persons, travel to and from program site locations and other potential risks of injury.

Knowing this, I represent that I am capable of performing the physical activity required of me in the contemplated volunteer activities, I still wish to volunteer and hereby assume the risk, with respect to any accident or injury to person or property which I may sustain in connection with my participation as a North County Serenity House volunteer. In addition, I hereby release and discharge North County Serenity House and any of its directors, officers, employees, partners, affiliates, agents and successors from any and all liability or responsibility for any such accident or injury I might sustain in connection with the actions of any third party or third parties.

I certify that I am offering my services to North County Serenity House on a volunteer basis. I understand that I will receive no pay, benefits or other privileges of employment of any kind for my services. I understand that I am not eligible for employer-sponsored benefits, and I am not eligible for unemployment compensation benefits when my volunteer assignment ends. I also certify that I have not been promised and have no expectation that I will receive a paid position as a result of my volunteer work. Finally, I authorize North County Serenity House to use photographic images taken during the event for promotional purposes without any further consent or approval.

Understanding that North County Serenity House is an organization involved in assisting women and children involved with substance abuse related matters, I hereby affirm that I have never been convicted of a violent crime, child abuse or neglect, child pornography, child abduction, kidnapping, rape or any sexual offense, nor have I been ordered by a court to receive psychiatric or psychological treatment in connection therewith.

I further represent and warrant that I will not drink alcohol or be under the influence of any non-prescription drug during the course of my volunteer work.

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Volunteer Signature

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Volunteer Printed Name

Date



**PARENTAL CONSENT - VOLUNTEER WAIVER & RELEASE OF LIABILITY**

I authorize and give permission for my child, \_\_\_\_\_ (the minor) to participate in North County Serenity House related activities under the direct supervision of an NCSH paid staff and/or volunteer. I, the parent/guardian of the minor for myself and on behalf of the minor:

1. Consent to the minor’s participating in the event or activity;
2. Agree that prior to minor’s participation in the event or activity the minor and I will inspect the facilities, equipment and areas to be used, and if either of us believes any of them are unsafe, I will immediately advise the person supervising the event, activity, facility or area;
3. Acknowledge that the minor and I fully understand that the minor’s participation may involve risk of serious injury or death, including economic losses, which may result not only from the minor’s own actions, inactions or negligence, but also from the actions, inactions or negligence of others, the condition of the facilities, equipment or areas where the event or activity is being conducted, the rules of play of this type of event or activity;
4. Release, waive, discharge and relinquish North County Serenity House, their officers, employees and agents from any liability, loss, damage, claim, demand or cause of action them arising from or attributable to their participation in the event or activity;
5. Assume any and all risks of bodily injuries to the minor and authorize North County Serenity House to contact a licensed physician to render any medical treatment that may be deemed necessary for the minor or to take and admit the minor to any hospital. If such medical treatment or hospitalization is required, I agree to pay all medical and hospital relating thereto, permanent or partial disability, or death and damages to the minor’s property, caused by or arising from participation in this event or activity;
6. Agree not to sue, or present any claim for personal injury, property damage or wrongful death for on behalf of the minor against North County Serenity House, board members, employees and volunteers for damages attributable to the minor’s participation in the event or activity;
7. Agree that photographs, pictures, slides, movies or videos of the minor may be taken in connection with the minor’s participation in the event or activity without compensation from North County Serenity House and consent to the use of photographs, pictures, slides, movies or videos for any legal purposes;
8. Warrant that the minor is in good health and have no physical conditions that would prevent the minor from participating in the event or activity;

**Both parents must sign unless only one parent is living or unless only one parent has legal custody. Legally appointed guardians must sign and furnish a certified copy of the letter of guardianship. I have read this document, and understand that I will give up substantial rights by signing this document and sign voluntarily.**

| Parent’s Printed Names | Signatures | Date  |
|------------------------|------------|-------|
| _____                  | _____      | _____ |
| _____                  | _____      | _____ |

**I have read this document signed by both my parent(s) or guardian(s) and join in the waiver, release and assumption of risk. I am aware of the risks involved in my participation in Red Cross related events or activities.**

| Minor’s Printed Name | Signature | Date  |
|----------------------|-----------|-------|
| _____                | _____     | _____ |