

Good in the 'Hood

...Simply Making A Difference

Volunteer Application

Name: (Last): _____ (First) _____ (Middle) _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (____) - ____ - _____ Email Address: _____

Work Phone (____)- ____ - _____ Date of Birth ____/____/____

Health Information

Please list any disabilities, restrictions, food allergies, and/or medications:

Please list any other physical limitations that you may have:

Emergency Contact Information

Name _____ Address _____
(Close friend or family member we can contact in case of an emergency)

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Insurance Company _____

Policy Number _____ Insurance Company Phone Number _____

Clinic / Hospital of Choice _____

Personal Information

Please describe any skills or experience that you might possibly contribute to this ministry:

Electrical Ability	Plumbing	Carpentry	Landscaping
Computer skills	Receptionist	Photojournalism	Graphic Arts
Business skills	Childcare	Musical Ability	Speak 2 nd Language
ESL	Teaching	Tutoring	

Conviction Record

For the protection of those we serve we may require a background check. Please supply the following information:

Driver's License # _____ State _____

Please read this section carefully before answering. Have you ever been convicted, pleaded guilty or no contest to a crime? Yes _____ No _____

If yes, complete the following section:

Charge	Date of Conviction	State and county of conviction	Length of Sentence	Date of Probation/Parole

Note: A criminal conviction record does not necessarily disqualify applicants from volunteer participation. Good in the Hood will examine the nature of the conviction record and subsequent rehabilitation, when determining how the applicant may best serve the community.

Assumption of Risk and Release

In consideration of being permitted to participate in or assisting other in the Good in the Hood program, on behalf of myself, or a minor child or ward, heir, next of kin, personal representative, successor or assign;

- (1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:
 - (a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that would be aggravated by participating in activities related to Good in the Hood;
 - (b) Participating in activities associated with Good in the Hood may involve RISK OF INJURY TO ME, INCLUDING DEATH, EMOTIONAL TRAMA, and LOSS OR DAMAGE TO ME OR MY PROPERTY.
 - (c) There may be OTHER RISKS not known or not reasonably foreseeable: and Understanding All of the Above,
- (2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

Good in the Hood and/or other affiliated partners, other volunteers, and sponsors FROM ANY AND ALL LIABILITY FOR INJURY, INCLUDING DEATH, EMOTIONAL TRAUMA, AND LOSS OR DAMAGE TO ME OR MY PROPERTY, OR ANY OTHER CONSEQUENCE in connection with my participation with "Good in the 'Hood".
- (3) I CONSENT TO:
 - (a) or in the case of a minor, a parent or guardian, ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to be used for Good in the Hood materials
 - (b) or in the case of a minor, a parent or guardian, ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personal.
- (4) I TESTIFY THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name of Volunteer (print)

Signature of Volunteer

Date

Parent/Guardian Signature (for minors)

Date