



BOYS & GIRLS CLUB
OF CYPRESS

VOLUNTEER APPLICATION

(PLEASE PRINT)

Name: (First) _____ (Last) _____ DOB: _____

Address: _____

City: _____ State: _____ Zip code: _____

Home Phone: _(____)_____ Work Phone: _(____)_____ Cell Phone: _(____)_____

Email Address: _____ Over 18 Years?: ___ (yes) ___ (no)

Emergency Contact: (Name) _____ (Relationship) _____

Phone Number of Emergency Contact: _(____)_____ or _(____)_____

Have you been convicted of a felony within the past five years? ___ (yes) ___ (no)

If yes, please explain: _____

Are you a student? ___ (yes) ___ (no) If yes, which school? _____ (Grade/Year) _____

Are you coming from an organization/club? ___ (yes) ___ (no) If yes, which? _____

Have you done volunteer work at another nonprofit? ___ (yes) ___ (no)

If yes, where and what did you do? _____

Availability:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Available							

Areas of Interest – please number from most interested to least interested (1 = most, 6 = least):

___ Tutoring ___ Outside Games ___ Special Events ___ Music ___ Cooking

___ Arts & Crafts ___ Sports ___ Office/Clerical ___ Dance ___ Computers

List any hobbies or interests: _____

What skills, training, or knowledge do you wish to utilize here? _____

T-Shirt Size (Circle One): Small Medium Large X-Large

Why do you want to volunteer here? _____

Where did you hear about our Agency? _____ (Referred by:) _____

If you have a disability, what accommodation would you need to do this volunteer position?: _____

What training, resources or support do you anticipate needing to do this volunteer work?: _____

Please provide 3 personal or professional references:
(Include name, phone number, and specify the relationship – personal or professional.)

1. _____

2. _____

3. _____

I hereby attest that the above information is true to the best of my knowledge.

Signature

Today's Date

Volunteers over the age of 18 must be fingerprinted by the Boys & Girls Club of Cypress prior to working.

OFFICE USE ONLY

*** If the applicant is chosen for volunteer work, have them complete the following.***

In case of emergency, please contact:

Name: _____ Phone (W) _(____)_____ (H) _(____)_____

Medical information we should be aware of in an emergency (allergies, special medications, and/or conditions):



**BOYS & GIRLS CLUB
OF CYPRESS**

Please Read and Sign the Waiver, Release and Indemnity Agreement Below

In exchange for participating in this activity, I hereby agree on behalf of myself and my spouse, parents, children, family, employees, agents, heirs, estate, executors, representatives, administrators, insurers, successors and assigns, distributees, guardians and/or other legal representatives (collectively the "Released Parties") to fully release and to not make any claim against, file a lawsuit against, attach the property of, or prosecute the Boys & Girls Club of Cypress (the "Club") and/or either of their employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its/their behalf for any and all claims, causes of action, including, but not limited to, emotional distress, bodily injury, death, or property damage arising out of any actions by any Club employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on the Club's behalf in connection with my participation in this activity. **I UNDERSTAND THIS RELEASE SHALL BE EFFECTIVE EVEN IF THE LOSS, DAMAGE OR INJURY WAS NOT FORESEEABLE OR RESULTS, IN WHOLE OR IN PART, FROM THE NEGLIGENCE OF THE CLUB AND/OR ANY OF THE ABOVE PERSONS.**

I understand that this activity involves the risk of serious injury and even death, and I agree to assume any and all risk of serious injury or death in participating in the activity. In case of accident or other emergency, personnel of the Club and/or their agents, are hereby authorized to secure medical care deemed necessary by them, as a result of that accident or injury, for me at my cost and expense. I further agree to indemnify and defend the Club and/or its employees, officers, elected and appointed officials, volunteers, boards, departments, agents, contractors and/or anyone else acting on its behalf and to pay for any and all costs incurred (including, but not limited to, medical treatment, pain and suffering, emotional distress, any settlement paid or judgment, legal costs and/or attorneys' fees) as a result of any injury that I cause to another participant. I further consent to the use of activity/event photography and/or video taping of me and the display of those pictures of me for promotional use, including on the Club's Internet site.

By signing below, I acknowledge and represent that **I HAVE READ THIS AGREEMENT CAREFULLY, I FULLY UNDERSTAND ITS CONTENTS AND I VOLUNTARILY AGREE TO ITS TERMS.** No oral representations, statements or inducements, apart from this written agreement, have been made. If any portion of this agreement is declared invalid by a court, the remainder shall continue in full force and effect. Where this agreement is signed by a parent or legal guardian on behalf of a minor, the use of the word "me" in this agreement shall include and bind the minor, and the use of the word "I" in this agreement shall include the parent or legal guardian acting on behalf of and binding the minor to this agreement.

IF 18 YEARS OF AGE OR OLDER: I declare under the penalty of perjury under the laws of the State of California that I am eighteen (18) years of age or older and am fully competent to sign this agreement.

IF THE PARTICIPANT IS UNDER 18 YEARS OF AGE: By signing below, I declare under the penalty of perjury under the laws of the State of California that I am the parent/legal guardian for the minor participant herein and am authorized to sign this agreement on their behalf:

Name of Participant: _____

Name of parent/guardian (if participant is under 18): _____

Signature: _____ Date: _____