



“Empowering Young Ladies; One Positive Thought At A Time”

VOLUNTEER APPLICATION AND AGREEMENT FORM

Last Name: _____ First Name: _____ Date: _____

*Name of Parent/Guardian if under 18 years _____

Address: _____ Tele: (H) _____ (O) _____

_____ (C) _____ (Fax) _____

_____ Email: _____

Company or Volunteer Group Name: _____

Date of Birth: _____ Driver’s License No. _____

Emergency Contact: _____

Do you have any friends/family members who volunteer here? _____ Yes _____ No

When you are available to volunteer (specify hours of availability)?

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Saturday _____ Sunday _____

Types of volunteer work you think you’d be most comfortable with:

___ Helping with a workshop/academy ___ Adult Chaperone at the Annual Retreat

___ Assisting in Fundraising Activities ___ Chairing a Committee

___ Serving on a Committee (Marketing, Outreach, Fundraising, Event)

List Your Past Volunteer Experiences:

Organization: _____ Duties: _____ Mo/Yr. to Mo/Yr. _____

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Have you ever been convicted of a crime? _____ No _____ Yes If yes, please describe:

REFERENCES: List two people, not related to you who have knowledge of your qualifications.

Name: _____ **Mailing Address:** _____

Tele. No.: _____

Name: _____ **Mailing Address:** _____

Tele. No.: _____

**I need the following accommodation(s) to work as a
volunteer:** _____

As a volunteer for J.E.S.S.I.C.A. Cares, I agree to abide by all applicable rules and regulations of the agency. I understand that I will receive no monetary benefits in return for my volunteer service. I hereby authorize J.E.S.S.I.C.A. Cares to check my references.

I certify that my answers on this application are true and complete and that I have not knowingly withheld any information that might, if disclosed, affect my application unfavorably. I understand that any misrepresentation or omission of facts on this application could be a cause for rejection of this application.

I hereby release and waive liability against J.E.S.S.I.C.A. Cares, a non-profit organization, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for J.E.S.S.I.C.A. Cares. Further, I agree that J.E.S.S.I.C.A. Cares is not liable for any damage to my property or my dependent's property resulting from volunteer work for J.E.S.S.I.C.A. Cares.

Volunteer Signature: _____

Date: _____