

VOLUNTEER APPLICATION FORM

GROUP _____

DATE _____

GROUP / ORGANIZATION _____

CONTACT NAME _____

ADDRESS _____

PHONE _____ FAX _____ EMAIL _____

NUMBER OF MEMBERS INTERESTED IN VOLUNTEERING _____

PLEASE DESCRIBE YOUR GROUP AND ITS FOCUS _____

OBJECTIVE TEAM BUILDING SPECIAL PROJECT EDUCATIONAL COMMUNITY SERVICE
 OTHER _____

COMMITMENT

SHORT TERM PROJECT: 1-2 HOURS HALF DAY 1 DAY SEVERAL DAYS
 ON-GOING PARTNERSHIP: WEEKLY MONTHLY SEVERAL TIMES PER YEAR

GROUP CONSIDERATIONS | PLEASE CHECK ALL THAT APPLY

AGE PHYSICAL HEALTH MOBILITY OTHER

PLEASE EXPLAIN _____

AVAILABILITY | PLEASE INDICATE THE BEST DAY(S) AND TIME(S) FOR YOUR GROUP

MON TUES WED THURS FRI SAT SUN **OR**

ANY WEEKDAY ANY WEEKEND AM ONLY PM ONLY **OR**

SPECIFIC DATE(S) _____ SPECIFIC TIME(S) _____

SERVICE PREFERENCE | PLEASE SELECT AREA(S) MOST INTERESTING TO YOU/YOUR GROUP

- ADMINISTRATIVE HELP (e.g., event planning; event set-up; event check-in; mail projects; working with databases)
 DIRECT BENEFIT TO CLIENTS (e.g., host an event; provide entertainment; provide & distribute needed items & gifts)
 FOOD SERVICE (e.g., pantry or food bank workers; food drive)
 MAINTENANCE (e.g., yard or neighborhood clean-up; minor home repair; painting; minor construction & small assembly; gardening)
 AREA OF GREATEST NEED OTHER: _____

HOW DID YOU HEAR ABOUT FSL'S VOLUNTEER PROGRAM?

WEBSITE FSL SERVICE RECIPIENT FAMILY MEMBER PRINT MEDIA
 SOCIAL MEDIA FSL STAFF MEMBER _____ OTHER _____

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GROUP VOLUNTEER POLICY

Please make certain you have read and agree to the following before signing

- Groups accepted for volunteer placement will be sent a Group Volunteer Agreement defining the volunteer project(s) prior to the start date of the stated project(s).
- Group Volunteers will identify a Group Contact prior to the start of a project. The group contact will:
 1. Provide coordination and supervision for the group while volunteering on-site.
 2. Report to FSL any behavior, actions, or language inappropriate for the established activity, location, or group which may endanger the health and/or well-being of the individual, other group members, or clients.
- **Youth aged 18 years and younger** may volunteer on a restricted basis. A responsible adult must accompany volunteers under the age of 18 **at all times** during the stated period of service work. Volunteers under the age of 18 must present the Group Contact with a signed Parental Consent Form, which will remain on file with FSL prior to and during the youth's period of service.

RELEASE

I understand the risks involved in being a volunteer for FSL. I hereby release, discharge and hold harmless FSL 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 may arise or may hereafter arise from my volunteer activities with FSL whether caused by the negligence of FSL, its officers, or employees. I hereby expressly and specifically assume the risk of injury or harm in the volunteer activities and release FSL from all liability or claims resulting from my volunteer activities. I further understand that FSL will not assume any financial liability for any injury, illness or loss that I might incur while performing voluntary service for FSL.

PHOTOGRAPHIC RELEASE: *I hereby grant and convey to FSL all rights, title, and interest in any and all photographic images and video or audio recordings made by FSL during the volunteer activities with FSL, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.*

VOLUNTEER SIGNATURE

DATE

GROUP CONTACT SIGNATURE & TITLE

DATE

Return completed form to:
FSL Volunteer Services
1201 E. Thomas Rd.
Phoenix, AZ 85014
Phone: (602) 285-1800
Fax: (602)285-1838
Email: Volunteers@fsl.org

