



Group Volunteer Application

Volunteer opportunity _____

Date _____

Leader's name _____

Leader's address _____

Daytime Phone _____ Evening Phone _____

Cell _____ Fax _____

Email Address _____

Organization's name _____

Phone _____

Address _____

Organization leader's name _____

Team size (total number of volunteers including leaders) _____

All volunteers under the age of 18 must have permission from the parent / guardian to volunteer. It is the responsibility of the organization volunteering to ensure such permission is granted.

ALL VOLUNTEERS SHOULD READ THIS STATEMENT THEN SIGN NEXT PAGE:

It is mutually and expressly understood that volunteer services shall be donated, and that said volunteer is not entitled to nor expects any present or future salary, wages, or other benefits for these voluntary services.

The volunteer agrees to follow the supervision and direction of any personnel, employee, or volunteer, to whom the volunteer has been assigned to perform services, and to participate in any training required in order to perform the voluntary services.

The volunteer is not an employee and understands that he/she does not qualify for workers' compensation benefits and is expected to carry personal medical insurance and auto liability insurance to cover any expenses for any injuries or losses incurred while performing volunteer services. I convey my understanding and consent by signing the following:

