



Volunteer Application

Last Name _____ First Name _____

Address _____ City _____ State _____

Zip Code _____ Home Phone: _____ Business Phone _____

E-Mail: _____

Emergency Contact _____ Relationship _____

Address _____

Phone Number _____

Education/Work Experience:

Please describe any volunteer, internship, passion, or work experience you have had that might relate to your interest in volunteering/interning at Good News Project.

What training or formal education have you had that might help you volunteer/intern with us?

Are you presently attending school? Yes or No

Will you receive academic credit for your volunteer/intern work? Yes or No

Are there any tasks or work that you would not be able to perform as a volunteer/intern at Good News Project? Yes or No If yes, please specify:

Have you ever been convicted of a felony? Yes or No If yes, please specify:

How did you learn about the volunteer/intern program at Good News Project?



AVAILABILITY:

Weekdays:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Evenings
Weekends:	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday	(weekends would be special events)
How often would you like to volunteer with Good News Project?	<input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special Events <input type="checkbox"/> Whenever needed		
	How many hours would you like to volunteer?		
	<input type="checkbox"/> Please contact me to discuss our availability.		

Programs:

Help Closet:	<input type="checkbox"/> Mornings	<input type="checkbox"/> Afternoons	<input type="checkbox"/> Specific Time:
<input type="checkbox"/> Clerical	<input type="checkbox"/> Sanitation	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Customer Service
E-Cycling:	<input type="checkbox"/> Friday	<input type="checkbox"/> Special Events	<input type="checkbox"/> Sorting (during the week)
Other:	<input type="checkbox"/> Clerical/office	<input type="checkbox"/> Mailings	<input type="checkbox"/> Special Projects/Events

AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I grant permission to Good News Project and its employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by Good News Project.

I hereby agree to release, defend, and hold harmless Good News Project and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

Printed Name: _____

Signature: _____

Date: _____



I, the undersigned volunteer ["Volunteer"] of Good News Project agree and understand that the purpose of Good News Project is to respond to needs of both the local community and our global communities. Good News Project provides services to people no matter your religion, creed, age, background, or gender. All are welcome.

I agree and understand that the customers served by Good News Project have many diverse needs and conditions, which may include mental, emotional, physical, and social maladjustments. I hereby release Good News Project and its director, staff, and agents from any and all claims, responsibility, liability, or causes of action, for any injury, loss, or damage that I may incur in connection with my volunteer activities at Good News Project.

I further understand that, as a volunteer of Good News Project, any and all information pertaining to HELP Closet and E-cycling customers is strictly confidential. Due to the privacy and protection of our guests, I understand that photography and/or videography is not allowed unless instructed by staff and consented by the customers. I agree to hold in confidence any information about clients and donors, which comes to my knowledge during my association with Good News Project.

I understand and acknowledge that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer. Upon acceptance as volunteers, I agree to serve under the leadership, guidance, and procedures of Good News Project for the duration of my volunteer service.

Printed Name: _____

Signature: _____

Date: _____