



TRANSFORMING HEARTS & LIVES

VOLUNTEER APPLICATION FORM - THE GOSPEL TLC

DATE: _____

FIRST/LAST NAME: _____

PHONE #: _____ EMAIL: _____

ADDRESS: _____

YOUR AGE: _____ ARE YOU RETIRED? YES NO

DO YOU HAVE TRANSPORTATION? YES NO

DO YOU HAVE ANY MEDICAL ISSUES THAT WE NEED TO BE MADE AWARE OF?

NO _____

YES _____ EXPLAIN _____

HAVE YOU ABUSED DRUGS OR ALCOHOL IN THE PAST?

NO _____

YES _____ LAST DATE OF USE: _____

DO YOU HAVE ANY DIAGNOSED MENTAL HEALTH DISORDER(S)?

NO _____

YES _____ PLEASE DESCRIBE: _____

HAVE YOU BEEN INCARCERATED?

NO _____

YES _____ IF SO, WHEN WERE YOU LAST RELEASED? _____

WHAT IS YOUR FAITH BACKGROUND? _____

WHAT LINE OF WORK HAVE YOU DONE BEFORE OR YOUR AREAS OF EXPERTISE?

WHEN ARE YOU AVAILABLE TO VOLUNTEER?

-TIMES OF THE YEAR _____

-DAYS OF THE WEEK _____

-TIMES OF DAY _____

DO YOU HAVE ANY RESTRICTIONS ABOUT THE TYPE OF WORK YOU CAN DO?

NO _____

YES _____ PLEASE LIST: _____

HOW SOON IN ADVANCE WOULD YOU LIKE TO BE INFORMED OF A VOLUNTEER OPPORTUNITY?
(WE WILL TRY OUR BEST TO GIVE YOU YOUR SELECTED NOTICE)

- I DON'T NEED MUCH OF A NOTICE _____
- PLEASE LET ME KNOW AT LEAST 3 DAYS IN ADVANCE _____
- PLEASE LET ME KNOW A WEEK IN ADVANCE _____
- PLEASE LET ME KNOW A MONTH IN ADVANCE _____

HOW DID YOU HEAR ABOUT US? _____

IS THERE ANYTHING ELSE THAT WE SHOULD KNOW ABOUT YOU?

PLEASE CHECK ALL THE VOLUNTEER OPPORTUNITIES THAT YOU'RE INTERESTED IN HELPING OUT. PLEASE BE AWARE THAT SOME VOLUNTEER POSITIONS WILL REQUIRE VOLUNTEERS TO PASS A BACKGROUND CHECK OR WILL REQUIRE OTHER LEGAL DOCUMENTATIONS. PLEASE KNOW THAT JUST BECAUSE YOU SIGNED UP FOR A CERTAIN VOLUNTEER POSITION(S), THAT THAT DOESN'T AUTOMATICALLY GURANTEE YOU THAT POSITION(S).

- COOK A MEAL FOR ALL OUR RESIDENTS _____
- BE A SPONSOR FOR A RESIDENT (I USED TO BE AN ADDICT, BUT HAVE NOW BEEN SOBER FOR AT LEAST ONE YEAR OR MORE) _____
- BE A LONG TERM LIFE MENTOR (NO BACKGROUND IN ADDICTION REQUIRED) _____
- I HAVE KNOWLEDGE IN A SPECIFIC TOPIC(S) AND CAN TEACH IT _____
-WHAT SPECIFIC TOPIC(S) CAN YOU TEACH? _____
- SPEND TIME BUILDING RELATIONSHIPS WITH OUR RESIDENTS _____
- SHARE/TEACH OUR RESIDENTS AN ACTIVITY/HOBBY/INTEREST THAT YOU DO _____
-WHAT IS THIS ACTIVITY/HOBBY/INTEREST? _____
- HELP OUT AT SPECIAL EVENTS _____
- HELP OUT AS AN OFFICE ASSISTANT _____
- HELP CLEAN THE BUILDING _____
- TRANSPORT OUR RESIDENTS IN THE COMMUNITY (WE WILL PROVIDE VEHICLE) _____
- HELP PROVIDE SUPERVISION IN THE FACILITY _____
-I CAN DO SEVERAL HOURS AT A TIME _____
-I CAN DO 24-48 HOURS AT A TIME IF NEEDED (WITH ADVANCED NOTICE) _____
- HELP OUT WITH DIFFERENT NEEDS RELATED TO THE BUILDING _____
-WHAT CAN YOU DO? _____
- I CAN HELP DONATE _____
-PLEASE DESCRIBE: _____
- I'M FLEXIBLE, USE ME WHERE EVER YOU NEED HELP _____
- OTHER _____
-PLEASE DESCRIBE: _____

PLEASE PROVIDE SOME REFERENCES BELOW.

1ST REFERENCE'S FULL NAME: _____ RELATIONSHIP: _____
REFERENCE'S PHONE NUMBER: _____

2ND REFERENCE'S FULL NAME: _____ RELATIONSHIP: _____
REFERENCE'S PHONE NUMBER: _____

Volunteer Liability Waiver and Agreement

This document explains possible risks of volunteering and includes liability waivers, consents, and other legal agreements.

By signing below, I, the volunteer (or volunteer's legal guardian), acknowledge that entry into this agreement ("Agreement") is in consideration of my participation as a volunteer, and confirm my understanding and agreement to the following:

Policies and Safety Rules

I will comply with GTLC's volunteer policies, safety rules, conduct expectations, and other directions. I understand that GTLC does not tolerate bullying, harassment, threatening behavior or violence of any kind. I understand that noncompliance may result in termination of my volunteer status.

Volunteer Not an Employee

I understand that (a) I am not an employee of GTLC, (b) I will not be paid for my participation, and (c) I am not covered by or eligible for any GTLC insurance, health care, worker's compensation, or other benefits. I understand that GTLC may terminate my volunteer status at any time, for any or no reason.

Risks Associated with Volunteering

Volunteering for GTLC has risks. These risks may arise in a variety of ways. They include, without limitation: lifting heavy objects or otherwise exerting myself, handling materials that could cause harm, using hot or sharp objects or other tools, cleaning supplies/chemicals, and interacting with and being in the presence of other volunteers, visitors and other people. I understand that these risks include risks of injury, illness, death, and property damage or loss, and that they may arise from my own actions or from the actions of others at or near GTLC facilities or encountered when traveling for GTLC activities offsite. I also understand that even if GTLC, I, and other persons present at GTLC facilities follow all health and safety protocols, I may still be exposed to COVID-19 or other infectious diseases.

Awareness and Assumption of Risk

I understand the information above, and confirm and acknowledge that these are risks associated with volunteering. With such information and awareness, and with the recognition that other factors may create additional such risks, I knowingly, freely, and voluntarily: (a) sign up to volunteer for GTLC; (b) engage in volunteer activities; and (c) assume and accept the risks of all injury, death, property damage or loss, financial obligation, loss of privacy, loss of reputation, and all other injuries and other consequences, whether known or unknown, whether foreseen or unforeseeable, and whether incurred at GTLC facilities or elsewhere, that may result, directly or indirectly, from my presence at GTLC facilities or participation as a GTLC volunteer, regardless of the cause.

Waiver and Release of Claims

I waive and release GTLC and its directors, officers, agents, employees, volunteers, and affiliates (collectively, "Client Parties") from any and all liability, claims, costs, and expenses of any kind and of whatever nature which I or my heirs, next of kin, or legal representatives may have or which may later accrue, caused by or arising directly or indirectly from my presence at GTLC facilities or participation in GTLC activities. This release and waiver includes, in each such case, all claims in respect of the risks noted above, known and unknown, foreseen and unforeseeable, regardless of the cause or whether such claims arise from tort, contract, or otherwise, and even if caused by negligence, whether passive or active. I will not sue any of the GTLC Parties on the basis of these waived and released claims.

Disclosure of Medical Conditions

I understand that I am solely responsible for knowing my own physical condition and making my own decision about volunteering. I have disclosed all medications and conditions relevant to my participation to my supervisor or other staff at GTLC, including chronic conditions such as asthma, allergies, seizures, or diabetes. I understand that GTLC needs such information because some medication side effects or medical conditions could affect my safety or that of others at GTLC. I consent to GTLC sharing this information with health professionals or first responders should I become ill or injured while at GTLC facilities.

Medical Care Consent and Waiver

I authorize GTLC to provide me with first aid and to arrange medical assistance, transportation, and emergency medical services for me if I get hurt while volunteering. I understand that GTLC is not obligated to provide this care. I also understand that I am solely responsible for any costs related to my medical treatment and transport, and that GTLC does not provide health, medical, disability, or other insurance coverage for me.

Confidentiality

I may have access to GTLC’s confidential information. At all times during and after my participation, I agree to hold any such confidential information in confidence and not disclose or use it except as GTLC expressly authorizes.

Assignment of Work Product I grant full rights to GTLC in any reports, brochures, website content, photos, images, videos, or other materials or works I may create in the course of volunteer activities, and any intellectual property rights in or derivatives of such materials.

Use by Client of My Name and Image

I understand that GTLC may take photos or videos of me. I consent to use by GTLC of my image, voice, name, and story, and of images of any works I may create as a volunteer (collectively, “Materials”), in GTLC’s digital and print promotional, fundraising, educational, and other communications. GTLC may use the materials without obtaining my approval or paying me for such use. I grant GTLC all copyrights in and waive any legal claims relating to the materials, including those relating to copyright, rights of publicity or privacy, or defamation, or arising from any distortion, blurring, or alteration that may occur in the making, editing, or use of the materials.

My checking this box means that I do not wish to agree to this consent:

General Provisions

I understand that this Agreement will be binding for so long as I am a volunteer at GTLC. This Agreement will run in favor of, and may be enforced by, each of the GTLC Parties, and will bind my heirs, next of kin, and legal representatives. This Agreement will be binding to the fullest extent permitted by law. If any provision of this Agreement is found to be unenforceable, the other terms remain effective.

FOR ADULTS. I affirm that I am of legal age and able to sign on my own behalf and am freely signing this Agreement. I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights and remedies that may be available to me and to other persons.

FOR MINORS. I affirm that I am the parent or legal guardian of the participant and am freely signing this document on their behalf. I certify that I have the authority to sign on behalf of the participant and to make decisions for the participant regarding volunteering. I also waive and release GTLC Parties from any and all liability, claims, costs, and damages of any kind which I may have resulting or arising directly or indirectly from the participant’s participation in volunteering. I have read this Agreement and fully understand that by signing this Agreement, I am giving up legal rights and remedies that may be available to the participant, to me, and to other persons.

Signature (of parent/guardian, if applicable)

Participant name (if parent/guardian signs)

Print name

Date

Emergency contact name

Emergency contact phone

THANK YOU FOR FILLING OUT THIS APPLICATION. SOMEONE FROM OUR STAFF WILL CONTACT YOU REGARDING YOUR VOLUNTEER APPLICATION. PLEASE GIVE US 5-10 DAYS TO GET BACK TO YOU REGARDING YOUR APPLICATION.

COMPLETED APPLICATIONS CAN BE EMAILED TO: yyang@gospeltlewi.org OR MAILED TO: The Gospel TLC, 3404 Cross Pointe Blvd., Weston, WI 54476. CALL US AT 715-393-8575 FOR QUESTIONS.

THIS BOTTOM PART TO BE FILLED OUT BY GTLC STAFF ONLY

DATE APPLICATION RECEIVED: _____ STAFF RECEIVING APPLICATION: _____

VOLUNTEER ACCEPTED: YES ___ NO ___ SIGNATURE OF E.D. & DATE: _____