



Volunteer Application and Agreement Form

Date: _____

Last Name: _____ First Name: _____

Address: _____

City/State/Zip: _____

Contact Number: _____ E-mail Address: _____

Date of Birth (required for background check): _____

Company or Volunteer Group Name: _____

How did you hear about Project REBUILD, Inc.: _____

Do you have any friends/family members who are employed or volunteer here? ___Yes ___No

List any education, training, or experiences you have had which would help us in meeting the needs of our members: _____

Types of activities you would be interested in:

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

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

List Your Past Volunteer Experiences:

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

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

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

1. Name: _____ Contact Number: _____

2. Name: _____ Contact Number: _____

SPECIAL ACCOMMODATIONS: I need the following accommodation(s) to work as a volunteer:

BACKGROUND CHECK: Project REBUILD, Inc. requires that all volunteers working with individuals and members to submit to a background check. Criminal conviction does not necessarily bar an applicant from volunteering. The nature of the offense will be taken into consideration before a decision is made. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with members.

____I agree to have a background check.

BLANKET CONSENT/CONFIDENTIALITY DISCLAIMER FORM

I hereby authorize Project REBUILD permission to use my name and/or photo, in publicity or promotional or other uses connected with the program that Project REBUILD administers.

As a volunteer for Project REBUILD, Inc., I agree to abide by all applicable rules and regulations of the organization. I understand that I will receive no monetary benefits in return for my volunteer service and that Project REBUILD, Inc. may terminate this agreement at any time without prior notice for any reason. I hereby authorize Project REBUILD, Inc. to check my references and I understand that a criminal background check is required.

I understand that after I submit my application, it will be reviewed and my eligibility for volunteer work will be determined. I agree to an interview with the on-site manager and an on-site orientation to perform my volunteer role.

I hereby Release and Waive liability against Project REBUILD, Inc., a non-profit organization, its directors, members, employees and agents, its successors and assigns, for any injuries or illness that I myself may suffer in connection with any volunteer work for Project REBUILD, Inc. Further, I agree that Project REBUILD, Inc. is not liable for any damage to my property resulting from volunteer work for the organization.

Volunteer Signature: _____ **Date:** _____