



## **Adult Volunteer Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ MI: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_ Zip Code: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

*\* Required for use as primary means of communication*

### **Allergy Information:**

Do you have any allergies to food, medications, bees, etc.? \_\_\_ Yes \_\_\_ No

If Yes, please list and include treatment protocol:

---

---

**Covid-19 Vaccination Status:** *(If completing for a particular event, please indicate expected status as of event)*

Not vaccinated \_\_\_\_\_ Partially vaccinated \_\_\_\_\_ Fully vaccinated \_\_\_\_\_

**Medical Conditions – Briefly list and explain:**

---

---

### **Emergency Contact Information:**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

\*Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Email Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Employment Information:**

Are you currently employed? \_\_\_ Yes \_\_\_ No

If yes, please list Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title/Responsibilities: \_\_\_\_\_

Briefly explain your work experience: \_\_\_\_\_

---



**Why do you want to volunteer for “For All Ages”? – Briefly explain:**

---

---

**Skills / Knowledge – Briefly list any special skills you may have:**

---

---

What is your primary language? \_\_\_\_\_

If you speak another language, please list: \_\_\_\_\_

**Personal References - Please list at least one:**

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Relationship</u>	<u>#Yrs Known</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

**Criminal History:**

Have you ever been convicted of any criminal offense other than the following: minor traffic violation (fine under \$500), or offenses settled in juvenile court / welfare youth offender law?

\_\_\_\_ Yes \_\_\_\_ No

If Yes, please explain: \_\_\_\_\_

**Optional Information - To be used for demographic purposes only:**

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Marital Status: \_\_\_\_ Single \_\_\_\_ Married \_\_\_\_ Divorced \_\_\_\_ Widowed \_\_\_\_ Other

Ethnicity: \_\_\_\_ African American \_\_\_\_ Asian/Pacific Islander \_\_\_\_ Caucasian

\_\_\_\_ Hispanic/Latino \_\_\_\_ Native American \_\_\_\_ Other (Please specify) \_\_\_\_\_

*I authorize For All Ages to perform a background check at its discretion to obtain information which may be material to my qualifications as a volunteer and I agree to provide all information necessary to complete the background check.*

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_



## **VOLUNTEER AGREEMENT & RELEASE FROM LIABILITY**

I, \_\_\_\_\_, agree to work for For All Ages as a volunteer. As a volunteer, I understand I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits, upon the termination of this agreement or as a result of this service.

I am aware that participation as a volunteer will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved and agree to accept any and all risks of personal injury and property damage.

As consideration for volunteering with For All Ages, I hereby agree that I, and my assignees, heirs, guardians, and legal representatives, will not make a claim against For All Ages or its employees, agents or contractors for injury or damage resulting from the negligence, whether active or passive, or other acts, however caused, by any of its officers, employees, agents, or contractors. I hereby release For All Ages and its offices, employees, agents and contractors from all actions, claims, or demands that I, my heirs, guardians, and legal representatives now have, or may have in the future, for injury or damage resulting from my participation in the project.

I understand that if I am injured in the course of the project, I am not covered by For All Ages' insurance. I authorize For All Ages to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

I understand that the materials and tools provided by For All Ages are and remain the property of For All Ages, and I agree to return these tools and any remaining materials to For All Ages at the end of my volunteer service.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

## **PHOTO RELEASE**

*As a non-profit organization, For All Ages depends on donations from individuals, businesses, organizations and foundations to support our work. Sharing stories about our programs and their impact is vital to our ability to raise funds. We ask for your partnership in this effort by signing the following photo release.*

The undersigned enters into this agreement with For All Ages. I have been informed and understand that For All Ages may wish to use my first name, likeness and speech in its printed and/or electronic communication materials (brochures, videos, websites, social media, etc.)

I grant For All Ages and its designees the right to use such images and information. This grant includes the right to edit, mix or duplicate and to use or re-use the images in whole or in part and in any manner as For All Ages in its sole discretion may elect. For All Ages or its designee shall have complete ownership of the images and any printed materials, video programs and web content (i.e. material accessible over the internet) in which images may appear. I also grant the right to broadcast, exhibit and otherwise distribute images as well as printed materials, video programs and/or web content either in the whole or in part.

I hereby give all clearances, copyright and otherwise, for the use of such images, and I expressly release For All Ages and its officers, employees, agents and designees from any and all claims known or unknown arising out of or in any way connected with the above uses and representations.

I confirm that I have the right to enter into this Agreement and that For All Ages has no financial commitment or obligations to me as a result of this agreement. The rights granted For All Ages herein are perpetual. I hereby acknowledge receipt of reasonable and fair consideration.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

No, I would like to opt out. This photo release will supersede any previous releases on file.



Your completed application and all signed documents can be submitted electronically to:

[deb.bibbins@forallages.org](mailto:deb.bibbins@forallages.org)

or via mail to:

For All Ages  
P.O. Box 61  
Simsbury, CT 06070

Upon receipt of your application, you can expect to receive an email from Deb Bibbins. This email will not only acknowledge receipt of your application, but include instructions for obtaining a background check, if required for the specific program or event. It is our policy to have all Adult Volunteers commit to a background check. Once the background check has been completed, you will receive a follow up email.

If you have any questions regarding this application and/or next steps, please feel free to contact Deb Bibbins, at [deb.bibbins@forallages.org](mailto:deb.bibbins@forallages.org).

We thank you in advance for volunteering. Without our volunteers, none of this is possible. We are forever grateful for your time, energy and commitment.