Melanin Youth Foundation Volunteer Application

* Indicates required question				
1.	Email*			
2	Name *			
	rante			
3.	Address *			
4.	Email Address*			
5.	Contact Number *			
6.	Date of Birth *			
	Example: January 7, 2019			

7.	Previous Volunteer Experience *
	Mark only one oval.
	Less than 1 year
	1-2 years
	3-6 years
	Option 4
	Option 5
	Option 6

Availability and Volunteer Assignment Preferences

8.	*
	Check all that apply.
	Mornings (Mon-Fri)
	Afternoons (Mon-Fri)
	Evenings (Mon-Fri)
	Once Weekly
	More than once weekly
	Weekends
	As needed
	1 time only
	Other

9.	Do You Have A Valid (State) Driver's License, State Issued Identification or Passport?		
	Mark only one oval.		
	Yes		
	◯ No		
	It's complicated		
10.	ID number and Expiration * (Please enter N/A if you do not have one at the moment)		
11.			
	Mark only one oval.		
	Yes		
	◯ No		
	It's complicated		
12.	Do You Have Any Physical Condition that May Limit Your Activities? *		
	Mark only one oval.		
	Yes		
	No		
	Maybe		
	It's complicated		
	Option 5		
	Option 6		

Mark only one oval. Yes No Maybe Option 4 Option 5 Option 6 Who To Nolify In Case Of An Emergency? (Name, number and relation)* Please list 3 references. * (Name, Email, Conlact Number and length of relationship if applicable)	
No Maybe Option 4 Option 5 Option 6 Who To Nolify In Case Of An Emergency? (Name, number and relation)* Please list 3 references. *	Yes
Maybe Option 4 Option 5 Option 6 Who To Nolify In Case Of An Emergency? (Name, number and relation) * Please list 3 references. *	
Option 4 Option 5 Option 6 Who To Nolify In Case Of An Emergency? (Name, number and relation)* Please list 3 references. *	○ No
Option 5 Option 6 Who To Notify In Case Of An Emergency? (Name, number and relation)* Please list 3 references. *	Maybe
Option 6 Who To Notify In Case Of An Emergency? (Name, number and relation)* Please list 3 references. *	Option 4
Who To Notify In Case Of An Emergency? (Name, number and relation)* Please list 3 references. *	Option 5
Please list 3 references.	Option 6
Please list 3 references.	
	To range in case of an anergency: (rame, names and reaction)
	Planto list 2 molomomos
	(Name, Email, Contact Number and length of relationship if applicable)

16.	If you answered it's complicated in any questions, please explain below.	

Links to Disclosures (available online only)

California Business and Professionals Code § 17510.3

California Business and Professions Code § 17510.4

Melanin Youth Foundation Volunteer Program

Volunteer Liability Waiver and Agreement

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

Certainly! Below is a template for a volunteer waiver and agreement for the Melanin Youth Foundation's volunteer application:

1. Assumption of Risks:

I, the undersigned volunteer, acknowledge and understand that my participation in activities organized by the Melanin Youth Foundation may involve certain risks and dangers. These risks may include, but are not limited to, physical injury, illness, property damage, or other losses that may result from my participation.

2. Release and Waiver:

In consideration of being permitted to participate in the Melanin Youth Foundation's volunteer program, I hereby release, waive, and discharge the Melanin Youth Foundation, its officers, directors, employees, and agents from any and all liability, claims, demands, actions, and causes of action arising out of or related to any loss, damage, or injury that may occur as a result of my participation in the volunteer activities.

3. Indemnification:

I agree to indemnify and hold harmless the Melanin Youth Foundation, its officers, directors, employees, and agents from any and all claims or liabilities arising from my participation in the volunteer activities, including but not limited to any claims made by third parties.

4. Medical Treatment Authorization:

I authorize the Melanin Youth Foundation to seek and consent to medical treatment on my behalf in the event of any injury or illness that may occur during my participation in volunteer activities. I understand that I am responsible for any medical expenses incurred as a result of such treatment.

5. Code of Conduct:

I agree to abide by all rules, regulations, and instructions provided by the Melanin Youth Foundation during my participation in volunteer activities. I understand that failure to comply with these guidelines may result in my dismissal from the volunteer program.

6. Confidentiality:

I understand that I may have access to confidential information in the course of my volunteer activities and agree to maintain the confidentiality of such information.

7. Acknowledgment of Understanding:

I have read and fully understand the terms of this Volunteer Waiver and Agreement. I acknowledge that I am voluntarily participating in the Melanin Youth Foundation's volunteer program and agree to abide by all terms and conditions set forth herein.

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check. Untitled Title

17.	By clicking yes I agree, I have read and accept all terms and conditions of the set forth agreement, and I am super excited to make an impact on the youth of today with the Melanin Youth Foundation.	
	Mark only one oval.	
	I agree and accept	

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