



BEATS AND RHYTHMS VOLUNTEER APPLICATION

Name: _____ Male/Female Date of Birth: ____/____/____

Address: _____

Cell Phone: _____ Home Phone: _____

Please attach a current copy of photo identification.

Emergency Contact: Name, relationship, and phone: _____

VOLUNTEER AND COMMUNITY SERVICE EXPERIENCE:

1) Organization Name _____ Dates: _____

Position: _____

City/State: _____ Supervisor/phone: _____

2) Organization Name _____ Dates: _____

Position: _____

City/State: _____ Supervisor/phone: _____

EDUCATION: give name, location, dates attended, degree completion or concentration

High School: _____

College: _____

Post College: _____

Other Education/Training: _____

Do you have any professional certification (Nursing, teaching?) or other certifications?

(First aid, CPR, Life guard, Water Safety Instructor)? If so, please attach a copy of the certification with expiration date:

Do you speak or read any language other than English? How fluent are you?

Language: _____ Level of fluency: reading/speaking _____

EMPLOYMENT EXPERIENCE (present or most recent work experience)

Employer _____ Dates: _____

Position: _____

City/State: _____ Supervisor/phone: _____

REFERENCES:

Name _____ Nature of Relationship: _____

Phone: _____ E-mail: _____

Name _____ Nature of Relationship: _____

Phone: _____ E-mail: _____

What do you feel are your most important qualifications for the job? What special gifts or talents would you bring to our programs?

How did you hear about Beats and Rhythms?

Why do you want to work with an organization that supports children and families with Congenital Heart Disease?



Authorizations and Releases

Photo Release:

The undersigned do hereby authorize Beats and Rhythms to interview, photograph, or make any other visual or audio recordings of the person named above who will be identifiable.

The undersigned authorized for television, radio, magazine, newspaper, website, social media and any other forms of media presentation, for related stories about the activities sponsored by Beats and Rhythms.

Authorization and/or consent as outlined above are hereby granted. I hold Beats and Rhythms, its agents, employees, and volunteers harmless from any claim for injury or compensation resulting from the activities authorized by this document.

Initial: _____ Date: _____

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

I understand that there are risks and dangers inherent in participating in the activities offered by Beats and Rhythms. I also understand that in order to participate in the activities offered by Beats and Rhythms, Inc. I must give up my rights to hold Beats and Rhythms liable for any injury or damage which I may suffer while participating in activities offered by Beats and Rhythms and/or attending cardiac camp.

KNOWING THIS, AND IN CONSIDERATION THAT I AM VOLUNTARILY PARTICIPATING IN ACTIVITIES OFFERED BY BEATS AND RHYTHMS AND/OR ATTENDING CARDIAC CAMP, I HEREBY VOLUNTARILY RELEASE BEATS AND RHYTHMS FROM ANY AND ALL LIABILITY RESULTING FROM OR ARISING OUT OF MY PARTICIPATION IN ACTIVITIES OFFERED BY BEATS AND RHYTHMS AND/OR ATTENDING CARDIAC CAMP.

I understand and agree that I am releasing not only the entities set forth in the paragraph above, but also the officers, agent, and employees of those entities.

I understand and agree that this Release will have the effect of releasing, discharging, waiving, and forever relinquishing any and all actions or causes of action that I may have or have had, whether past, present, or future, whether known or unknown, and whether anticipated or unanticipated by me, arising out of my participation in activities offered by Beats and Rhythms. THIS RELEASE CONSTITUTES A COMPLETE RELEASE, DISCHARGE AND WAIVER OF ANY AND ALL ACTIONS OR CAUSE OF ACTION AGAINST BEATS AND RHYTHMS, THEIR OFFICERS, AGENTS OR EMPLOYEES.

I understand and agree that this Release applies to personal injury, property damage, or wrongful death, which I may suffer, even if caused by the acts or omissions of others.

I understand and agree that by signing this Release, I am assuming full responsibility for any and all risk of death or personal injury or property damage suffered by me while participating in the activities offered by Beats and Rhythms and/or attending cardiac camp.

I understand and agree that this Release will be binding on me, my spouse, my heirs, my personal representative, my assigns, my children and any guardian ad item for said children and I understand and agree that by signing this Release, I am agreeing to indemnify and hold Beats and Rhythms, their officers, agents, and employees harmless from any and all liability or cost including attorney fees, associated with or arising from my participating in the activities offered by Beats and Rhythms and/or attending cardiac camp.

I acknowledge that I have read this Release Agreement and that I understand the words and language in it. I have been advised of the potential dangers participating in the activities offered by Beats and Rhythms and/or attending cardiac camp.

Initial: _____ Date: _____



BACKGROUND INFORMATION

Before we can offer any volunteer positions with Beats and Rhythms the candidate's background information must be checked. Please fill out the Background Verification and Background Request Form included. This information is required for identification purposes only, and is in no manner used as qualifications for employment. Beats and Rhythms is an Equal Opportunity Employer, and does not discriminate on the basis of Sex, Race, Religion, Age, Handicap, or National Origin.

Print Full Name: _____ Date of Birth: _____

Print any other/previous names: _____

- Have you ever been convicted, plead guilty, plead no contest or had adjudication withheld on any misdemeanors or felony charge? YES NO
- Are there any criminal charges pending against you? YES NO
- Have you ever had any license, certificate of employment suspended, revoked, terminated or adversely affected? YES NO

If yes to any of the above questions, provide a full description including dates, circumstances, and authorities involved (please continue on back):

Background Investigation Consent Please read carefully and sign below (18+years)

I, _____ (print name) hereby authorize Beats and Rhythms to obtain information pertaining to any charges or convictions I may have for federal and/or state criminal or other violations. This information will include, but not be limited to: allegations and convictions committed upon minors, and will be gathered from any law enforcement agency of any state or federal government agency or authority.

I hereby authorize and instruct all persons, public agencies, courts, schools, employer companies and corporations to supply to Beats and Rhythms verification of the information provided in my application, including without limitation evaluations of my prior performances, and I hereby release them from all liability from their doing so.

The above statements are true and complete in all respects.

Any falsification, misrepresentation, or incompleteness in this disclosure is alone grounds for disqualification or termination. The information that I have provided may be verified and/or corrected by Beats and Rhythms by contacting persons or organizations named in this application.

Signature: _____ Date: _____

Print Name: _____

Signature of Parent (if less than 18 years of age): _____

Print Name of Parent: _____ Date: _____