

QUEST FOR GREATER SUCCESS VOLUNTEER APPLICATION

Volunteers are a vital part of **QUEST FOR GREATER SUCCESS**, and we **THANK YOU** for donating your valuable time and talent to further the QUEST mission. Please complete and sign this application. Depending on the position you desire, you may be subject to a background criminal record check, driving history check, or a formal orientation. Volunteers under age 18 require parental consent.

Date of Application: _____

Name: _____

Street Address: _____

City ST ZIP Code _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Would you like to receive the Quest Quarterly E-Newsletter ☐ Yes ☐ No

Health and Physical Restrictions (List All): _____

Emergency Contact: _____

Church/Civic Group Affiliations (Please list)

What is your availability: _____

What areas are you interested in volunteering:

- | | | |
|---|--|---|
| ☐ ADMINISTRATION | ☐ DEVELOPMENT | ☐ DONATION SERVICES |
| ☐ TUTORING | ☐ FUNDRAISING | ☐ VOLUNTEER COORDINATION |
| ☐ MENTORING | ☐ NEWSLETTER PRODUCTION | ☐ SOCIAL MEDIA MARKETING |
| ☐ OTHER | ☐ SPECIAL EVENTS: _____ | |

How did you hear about Quest for Greater Success? _____

FOR OFFICE ONLY:

Orientation: _____ Start Date: _____ VeriFYI: _____

QUEST FOR GREATER SUCCESS

VOLUNTEER APPLICATION

VOLUNTEER STATUS ACKNOWLEDGMENT

I agree that I am not an employee of QUEST and am not entitled to receive employee benefits or compensation. I understand that I am not eligible to receive workers' compensation benefits.

AUTHORIZATION TO USE PHOTOS/OTHER RECORDINGS

I grant QUEST all rights to all photographic images and video or audio recordings of me and made by or on behalf of QUEST in connection with my volunteer service.

PERSONAL INSURANCE

I understand that QUEST may not have and has no obligation to provide health or liability insurance for volunteers. It is my choice and responsibility to have personal health and liability insurance to cover my health and property (including my vehicle) while volunteering.

RELEASE

I fully RELEASE QUEST, its successors, assigns, officers, directors, employees, agents and representatives (collectively, "Released Parties"), from any and all actions, suits, liability, claims, demands, losses, and costs for damages or other legal or equitable relief of any nature, including claims for personal injury, death, or property damage, which may arise from any act or omission (excluding acts or omissions involving gross negligence or willful misconduct) of the Released Parties or my volunteer activities affiliated with QUEST, whether or not foreseeable or contributed to by the Released Parties.

CONFIDENTIALITY

I agree that I am responsible for securely maintaining the confidentiality of all proprietary, personal, confidential, or privileged information to which I may be exposed while serving as a QUEST volunteer, whether this information involves QUEST, a staff member, volunteer, client, or other person.

QUEST'S VOLUNTEER POLICIES AND PROCEDURES

I agree to comply with QUEST's Volunteer Policies and Procedures, which are available for review upon request.

AFFIRMATION OF INFORMATION

The information provided on this Application and any supplement is true, complete and accurate.

APPLICANT'S PRINTED NAME

DATE

APPLICANT'S SIGNATURE

DATE

PARENTAL APPROVAL – REQUIRED IF APPLICANT IS UNDER 18 YEARS OF AGE

I certify that _____, my son/daughter, is fully capable of participating as a QUEST volunteer without compensation and has my permission to participate as a volunteer for QUEST. The "RELEASE" provision of this Application shall be fully enforceable as between QUEST and my child and me. I understand the risks involved with my child being a volunteer.

PARENT/GUARDIAN PRINTED NAME

DATE

PARENT/GUARDIAN SIGNATURE

DATE