

Center of Hope Volunteer Application

Please print clearly and fill out the application in its entirety

Contact Information

Name <i>(first, middle, last)</i>					
Home Address				Apt. / Suite	
City		State		Zip Code	
Phone Numbers <i>(include area code)</i>	Cell		Home		Work
Email					

Preferred Method of Communication (please check):

Cell Home Work Email

Date of Birth: _____

Gender (please check one) Male Female

Employer: _____ Position: _____

Work Address: _____

City: _____ State: _____ Zip: _____

Interests

Why are you interested in volunteering with the Paso del Norte Center of Hope?

How did you hear about the Paso del Norte Center of Hope?

Please list the opportunities you would like to be considered for even if it is not on the list (what skills do you want to bring to the Center of Hope? _____

Volunteer Service

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Have you volunteered for other organizations within the last 7 years? ____ Yes _____ No

Organization Name: _____

Briefly describe volunteer services below:

Contact Name / Phone Number: _____

Organization Name: _____

Briefly describe volunteer services below:

Contact Name / Phone Number: _____

Experience / Skills

Please describe any work, educational, or personal (hobbies, special talents) experience you think might be relevant to our program: (Use additional sheet if necessary)

Do you have a talent(s) (singing, dancing, artistic, athletic, etc.) that you would be interested in sharing should the need arise for our clients?

Please list any languages that you speak, read and/or write fluently, in addition to English:

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Release of Claims

I, for myself, heirs, executors and administrators, hereby personally release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against the Paso del Norte Center of Hope, other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation in the Paso del Norte Center of Hope. I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for any activities that I participate in.

Signature

Printed Name

Date

Release for Publication

During the course of the Paso del Norte Center of Hope experience, there will be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny the Paso del Norte Center of Hope permission to use photographs or videotape yourself, alone or in groups, in newspaper articles, newsletters, web-site, online, brochures, special fundraising activities, scrapbook videos and photo albums for use in public understanding and support of the Paso del Norte Center of Hope program. By granting permission below, you hereby release and hold harmless the Paso del Norte Center of Hope from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes. *(Please Initial)*

YES, I give permission to be photographed and/or videotaped for publication

NO, I deny consent to be photographed and or videotaped for publication.

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Signature

Printed Name

Date

Background Verification

The Paso del Norte Center of Hope has my permission to (please check below):

- a) Run a background check on me. Yes No
- b) Verify the three references I will provide. Yes No
- c) Contact prior organizations that I have volunteered with. Yes No

By signing below, I affirm that I have answered all questions truthfully. I understand that if any portion of this application is found to be intentionally false, I may be denied the right to volunteer for the Paso del Norte Center of Hope. I am responsible for the \$35 fee for the background check and I understand that it is nonrefundable.

<i>Signature</i>	<i>Printed Name</i>	<i>Date</i>