

## Volunteer Application

Name (please print clearly): \_\_\_\_\_  
(first) (last)

Over 18?  Yes  No (Note: Minors must get a parent / guardian's signature, on the bottom of page 2.)

Contact Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Are you currently employed?  Yes  No If yes, your position/job title: \_\_\_\_\_

Employer name & phone #: \_\_\_\_\_

Days / hours available to volunteer: \_\_\_\_\_

Please list any health-related limitations: \_\_\_\_\_

What volunteer opportunity or APC program are you most interested in?  
\_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer at APC?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ (attach a sheet if needed →)

Please list any relevant education, experience, skills, talents, languages or interests you'd like to share as a volunteer:  
\_\_\_\_\_  
\_\_\_\_\_ (attach a sheet if needed →)

Have you volunteered with us before?  Yes  No

If Yes:  Event  Homework Room  Ploughshares Nursery  Farm  Other

Do you personally know any staff/residents?  Yes  No If Yes, list name & relationship: \_\_\_\_\_

Have you ever been convicted of a crime?  Yes  No (a conviction doesn't always make you ineligible to volunteer)

If yes, please describe: \_\_\_\_\_ (attach a sheet if needed →)

Please list two (2) personal &/or professional references (do not include relatives):

1. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_



**Emergency Contact Information:** In case of an emergency, please contact

Name (please print): \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Volunteer Agreements:** In signing this Liability Waiver, I agree that I am willingly volunteering to participate in a Alameda Point Collaborative project. I agree to use work tools safely according to instructions I receive. I agree to behave in a responsible manner. I agree to only perform work that I am comfortable doing and that I feel I can accomplish safely. I agree I am wearing clothes and shoes that I believe will provide protection according to the work conditions.

**Release:** I hereby release all sponsoring organizations, and Alameda Point Collaborative leaders, from any and all claims that may arise from or result in any expenses, personal injury, loss or damage incurred to me or by me during my participation in volunteer activities at or for Alameda Point Collaborative.

**Permission-Use of Photographs:**

I also grant permission for Alameda Point Collaborative, and sponsoring organizations, to use photographs, film, and videos of me (or my minor child) for promotional or other uses either associated with the project or sponsoring organizations, including use on an organizational web site(s).

**Participant and Parent Information**

Participant's Name (please print): \_\_\_\_\_

Participant's Signature of Agreement: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18, Parent/Legal Guardian's Name (please print): \_\_\_\_\_

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*By signing below,*

- *I attest that the above information is accurate and correct to the best of my knowledge.*
- *I understand that Alameda Point Collaborative (APC) is not obligated to provide a volunteer placement, nor am I obligated to accept any position offered. Opportunities for APC volunteers are provided without regard to religion, skin color, ethnicity, marital status, age, gender, sexual orientation, or disability.*
- *I also understand and agree that APC may conduct a criminal background check &/or require me to submit a fingerprint check as a condition of my volunteer service.*

Signature: \_\_\_\_\_

Date: \_\_\_\_\_