

SPECIAL ANGELS OF THE WOODLANDS Volunteer Application and Agreement

By my signature below, I affirm that the information in this application is accurate and complete. I understand that this information is subject to verification by the Special Angels of The Woodlands. I authorize any person holding information on me related to my application to release it to the Special Angels of The Woodlands if so requested. I understand that the information provided by me may be used for the purpose of determining in my eligibility. I hereby release, indemnify, and hold harmless any government entity, employer, and person furnishing or receiving records and information about me. I understand that any false information or omission in my application may be justification for refusal or for termination of service with the Special Angels of The Woodlands.

I understand and agree that I am a volunteer when participating in all activities of the Special Angels of The Woodlands, and I shall receive no payment for my services. No contract or agreement of employment is created by any written or oral representations made in connection with the volunteer activity or in connection with any other program of The Special Angels of The Woodlands. As a volunteer, I understand that the Special Angels of The Woodlands does not provide me with employee benefits, accident insurance, death benefits, compensation for lost time due to injury, nor does the City carry general liability insurance covering volunteers.

As a volunteer, I agree to perform to the best of my availability, the tasks as outlined in my job description or the tasks established by my supervisor:

Report to work on time when scheduled; If unable to report on time, I must call my supervisor; Ability to be supervised as well as supervise others; Maintain confidentiality; Observe the Special Angels of The Woodlands goals and objectives; Give my supervisor adequate notice before my termination as a volunteer; Accept any additional responsibilities given by supervisor that aligns with the vision, goals and objectives of Special Angels of The Woodlands.

I understand that I am not an employee of the Special Angels of The Woodlands, rather a volunteer who serves at the will of the Special Angels of The Woodlands. I have no expectation of continuing my participation in the program. I hereby grant the Special Angels of The Woodlands permission to use, alter, copy, exhibit, publish, or distribute photographs, videotapes, or other recordings or visual likenesses of me and/or the listed minor(s) that are made during the course of my volunteer activities in any and all of its publications or broadcasts, including website entries, without payment or any other consideration.

I understand and agree that I will provide Special Angels of The Woodlands a non-expired proof of identification in one of the following forms: Identification Card, Drivers License, Passport, Military ID, Social Security Card or Birth Certificate. I understand I will provide this non-expired form of identification to Special Angels of The Woodlands in person, to then be copied at the time of each party signing this application in person. In addition, I will provide Special Angels of The Woodlands one copy of a reference letter from a non-family member, including the author of the reference letters contact information which includes: Name, Contact Phone, Email Address and relationship to volunteer. This is required for reference letter verification purposes.

Signature of Applicant: _____ Date: _____

Parent/Guardian (for minors): _____ Date: _____

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For Special Angels of The Woodlands Use Only: Please Initial each blank.

DPS Records Screen: _____	Warrant Screen: _____
Shelter Referred To: _____	Reference Letter: _____
Copy of Identification: _____	Completed Application: _____

Signature of Applicant: _____

Signature of Supervisor: _____

Date of Signatures: _____ Initial: _____ Initial: _____