



Volunteer Form

Last Name: _____ First Name: _____ Date: _____

*Name of Parent or Guardian, if under 18 years:

*If volunteer is under 18 years, the parent or guardian must also complete a volunteer application and agreement form.

Address: _____ Phone: _____

_____ Email: _____

Birth date: _____ DL #: _____

Company or Volunteer Group Name: _____

Emergency Contact: _____
 (Name) (Relationship) (Phone #s; Indicate Home, Work or Cell)

How did you hear about our ministry? _____

How often are you available to volunteer?

_____ Weekly _____ Monthly _____ Special Events _____ As Needed

Are you interested in volunteering as a: _____ Group _____ Individual _____ Either

Are you interested in working with: _____ Kids _____ Building _____ Staff _____ Anyone

In what areas of involvement are you interested? (Please check all that apply)

_____ Donations	_____ Garden	_____ Cleaning
_____ Community Garden	_____ Yard work	_____ Admin/Office help
_____ Kitchen	_____ Gala Fundraiser	_____ Public Relations
_____ Handyman Jobs	_____ School Special Events (i.e. Christmas Pageant, Fall Festival)	
_____ Believe Race	_____ Other (please specify): _____	
_____ Prayer Team		

Volunteer Agreement Form

BACKGROUND CHECK: Holy Family School (HFS) requires any volunteer with the school who is regularly or frequently present at the child care center have a DFPS background check. There is no fee on the part of the volunteer for the background check. Screening must be completed before volunteers begin working with the families.

____ I agree to have a background check.

Have you been convicted of a crime? No__ Yes__ If yes, please describe:

Social Security Number: _____ Date of Birth: _____

Gender: _____ Ethnicity: _____

Out of state residence in the last 5 years? _____

Alternate names (including maiden name): _____

PHOTO RELEASE: I grant to Holy Family School, the right to take photographs of me and/or my family in connection with Holy Family events. I authorize Holy Family, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that Holy Family may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Volunteer Signature: _____ **Date:** _____

LIABILITY WAIVER: I hereby Release and Waive liability against Holy Family, a non-profit corporation, its directors, officers, employees and agents, its successors and assigns, for any injuries or illness that I myself or my dependent may suffer in connection with any volunteer work for Holy Family. I agree that this release is as broad and inclusive as permitted by the laws of the State of Texas.

Volunteer Signature: _____ **Date:** _____