



Volunteer Name: \_\_\_\_\_

# Volunteer Application

We appreciate your interest in helping cultivate confidence, community, and change in the youth of Clarkston. The information provided on this application is confidential and for internal use only. Please complete the application thoroughly and return it to Teni-Ola Ogunjobi ([taogunjobi@shalompcusa.org](mailto:taogunjobi@shalompcusa.org)).

In addition to completing this application, **all volunteers need to submit a background check.** Background checks can be obtained at any local police department. Agnes Scott College Public Safety offers background checks for \$10. Be sure to indicate on the form that you will be working with children.

## I. Contact Information

First Name:	Last Name:	Preferred Name (Nickname):
Email Address:		
Primary Phone Number:	Alternate Phone Number:	
Address, City, State, Zip Code:		
Best Time to Contact:	Preferred Method of Contact:	
Employer or School:		

## II. Skills and Previous Experience

**What experience do you have working with children, youth, and/or education?**

**Please list any special skills, language skills (including proficiency level), previous volunteer experience, or other information that may relate to your service with *Inspire*.**

Volunteer Name: \_\_\_\_\_

### III. Volunteer Opportunities

For a detailed explanation of each position, visit [www.shalominternationalministry.com/volunteer](http://www.shalominternationalministry.com/volunteer) and click on the VOLUNTEER OPPORTUNITY DESCRIPTION box.

Please check which volunteer position(s) you are interested in:

\_\_\_\_ Enrichment and Academic Volunteer (*Mondays and/or Wednesdays, 4:30pm-6:30pm*)

\_\_\_\_ Academic Tutor (*Monday and/or Wednesday, 4:30 – 6:30pm*)

\_\_\_\_ Food Pick-Up (in Decatur) & Deliveries (in Clarkston) (*Thursday, 5:00pm-7:00pm*)

\_\_\_\_ Family Engagement Assistant (check-in calls & school supply drop-off) (*Thursday and/or Friday, 4:30-6:30pm*)

**\*NOTE: Enrichment and tutoring occurs virtually until further notice.**

### IV. Availability

Please check in the box next to the day(s) that you are interested in volunteering:

Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/>	Thursday <input type="checkbox"/>	Friday <input type="checkbox"/> (home visits only)
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How many days a week would you like to volunteer? \_\_\_\_\_

Are you willing and able to drive as part of your volunteer service?  Yes  No

*Driving would likely include picking students up from their bus stops in case of inclement weather and/or driving one carload of students home at the end of the day during winter months.*

*If yes, please submit a copy of your driver's license & insurance information.*

Is there any additional information you would like us to know about your availability?

### V. Emergency Contact Information

Please list contact information for the person you would like to be contacted in case of an emergency while you are volunteering at *Inspire*.

First Name:	Last Name:	Preferred Name (Nickname):
Relationship:		
Primary Phone Number:	Alternate Phone Number:	
Address, City, State, Zip Code:		

### VI. Photo Release

Volunteer Name: \_\_\_\_\_

I hereby give to *Inspire: A Shalom Afterschool Initiative* and the organizations of which it is an affiliate (Shalom International Ministry, the New Church Development Commission, and the Presbytery of Greater Atlanta) permission to use the name and photograph. Names and photographs may be used in publications, displays, and advertisements or for any other purpose *Inspire* deems proper at any time.

Yes

No

Printed Name: \_\_\_\_\_

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

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

*(Parent/Guardian Signature if under 18 years old)*

## VII. Liability Waiver

### Acknowledgement of Risk or Injury Possibility

As a volunteer at *Inspire: A Shalom Afterschool Initiative*, I recognize the risk and acknowledge that there are certain risks of physical injury, including death, damages, property damage, or loss which I may sustain as a result of participating in any and all activities connected with such program, or the use of the facilities or equipment.

### Waiver of Claim for Injury Clause

I agree to waive and relinquish all claims that I may have for injuries or damages, as a result of participating in the program or using the facilities or equipment against *Inspire*, Shalom International Ministry, Memorial Drive Ministries, the New Church Development Commission, and/or the Presbytery of Greater Atlanta and their officers, agents, servants, employees, other volunteers, and affiliates.

### Release from Liability Clause

I do hereby release and discharge *Inspire* and its officers, agents, servants, employees, volunteers and affiliates from any and all claims for injuries, including death, damages, property damage, or loss which may have or may in future accrue to me in account of participating in or volunteering for *Inspire*.

### Indemnity and Defense Clause

I further agree to indemnify and hold harmless and pay defense costs and defend *Inspire* and its agents, servants, employees, other volunteers, and affiliates, from any and all claims resulting from injuries, including death, damages, property damage, or loss sustained by me and arising out of, connected with, or in any way associated the activities of the program of the use of facilities or equipment.

\_\_\_\_\_  
Signature *(Parent/Guardian Signature if under 18 years old)*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name