



**DAY OF SERVICE & REMBERANCE VOLUNTEER APPLICATION**

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Employer/School: \_\_\_\_\_ Position/Grade: \_\_\_\_\_

Statistical data (this information is used for grant audit purposes ONLY! (Identifiable information is not released)

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender \_\_\_\_ Martial Status \_\_\_\_ Veteran \_\_\_\_ Active Military

Race/Ethnicity: \_\_\_\_ Black/African American \_\_\_\_ Hispanic/Latino \_\_\_\_ Caucasian \_\_\_\_ Asian

\_\_\_\_ Other Race/Ethnicity (specify)

**Emergency Contact**

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Previous Volunteer Experience? \_\_\_\_ Yes \_\_\_\_ No

Where \_\_\_\_\_ How long \_\_\_\_\_

*Areas of Interest (Indicate top 3 choices):*

\_\_\_\_ Fundraising \_\_\_\_ Administration \_\_\_\_ Communication/Marketing \_\_\_\_ Recruitment  
\_\_\_\_ Events

Do you have a special skill, certifications or talent that you feel could benefit our organization?

\_\_\_\_\_  
\_\_\_\_\_

Please indicate days available: Monday Tuesday Wednesday Thursday Friday Saturday

Please indicate time: Morning Afternoon Evening How did you hear about us?

\_\_\_\_\_  
\_\_\_\_\_

Are you willing to commit to additional volunteer opportunities? If so, how many hours per month, project, year?

Participant's/Guardian's Name (Please Print) \_\_\_\_\_

Participant's/Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Volunteer Acknowledgment**

As a volunteer of Greene Lamp Community Action and AmeriCorps, I agree to abide by the policies and procedures set forth. I understand that I will be volunteering at my own risk and Greene Lamp, its employees, and affiliates, cannot assume any responsibility for any liability regarding accidents, injury or health problems which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

### **Medical Acknowledgement**

It is essential that our volunteer's medical fitness allows them to carry out their role without placing themselves, Greene Lamp Staff, other volunteers or members of the general public at risk. I understand that as a volunteer, I am obligated to disclose vital medical/health information that may affect my participation in a project.

### **COVID-19 Waiver Addendum**

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and health agencies recommend social distancing and increased sanitation practices by individuals and organizations.

While Greene Lamp has enacted sanitation procedures and behavioral protocols to prevent the spread of COVID-19 or any other infectious disease, all risks cannot be eliminated. I agree that I am personally responsible for my safety and actions while participating with Greene Lamp. I understand that by volunteering with Greene Lamp, I assume all risks and responsibility for any illness that may result from my involvement.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/legal Guardian (volunteers under 18 y/o) \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Office Use Only**

Application Completion Date: \_\_\_\_\_

Staff Initials: \_\_\_\_\_