



VOLUNTEER APPLICATION

www.crossroadscampus.org

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____ Preferred methods of contact: _____

Emergency Contact: Name: _____ Phone: _____

Volunteer Experience _____

Do you have health insurance (required for volunteering with dogs)? _____

Applicant Name (Print) _____

Applicant Signature _____ Date _____

Parent or Guardian Name if under 18 years old _____

Parent/Guardian Signature if under 18 years old _____ Date _____



NAME: _____

DATE: _____

CROSSROADS CAMPUS VOLUNTEER OPPORTUNITIES

Please Check All Areas Of Interest

- ☐ Administrative – Data Entry
- ☐ Administrative – General (filing, mailings, etc)
- ☐ Building Cleaning
- ☐ Building Maintenance
- ☐ Caring Connections Team (Humane Education outreach program)
- ☐ Cat Care
- ☐ Cat Fostering
- ☐ Cat Transportation
- ☐ Community Events Team (manage Crossroads booth/table at community events)
- ☐ Construction/Carpentry
- ☐ Dog Care
- ☐ Dog Fostering
- ☐ Dog Training Assistant
- ☐ Dog Transportation
- ☐ Dog Walking
- ☐ Fundraising
- ☐ Gardening/Landscaping
- ☐ Grant Writing
- ☐ Marketing/P.R./Graphic Design
- ☐ Newsletter
- ☐ Photography/Videography
- ☐ Public Speaking
- ☐ Retail
- ☐ Social Media
- ☐ Special Events Team (special events and other fundraising activities)
- ☐ Technology
- ☐ Veterinarian
- ☐ Youth Education/Enrichment Team
- ☐ Other Interests or Skills _____



RELEASE OF LIABILITY AND ASSUMPTION OF RISK

www.crossroadscampus.org

- I. I understand and acknowledge that THE CROSSROADS CAMPUS is a charitable, non-profit organization incorporated under the laws of the State of Tennessee. All funds of THE CROSSROADS CAMPUS are used specifically for the direct benefit and service to its clients: therefore, if I am injured while acting as an unpaid member of the staff in any capacity whatsoever, I realize and am aware that *my own health insurance* will provide for any necessary medical treatment of care. I further understand that I am not covered under Tennessee State Worker's Compensation Laws.
- II. I am aware that volunteering for THE CROSSROADS CAMPUS can be a potentially hazardous activity and I acknowledge that these potential hazards have been explained to and discussed with me and I hereby waive, release and discharge and all claims of damages for death, personal injury or property damage which I may have, or which may hereafter accrue to me, as a result of my participation as a volunteer for THE CROSSROADS CAMPUS. This Release of Liability and Assumption of Risk is intended to discharge in advance THE CROSSROADS CAMPUS, its respective agents, directors, and employees and any and all volunteers, their representative successors and assigns from and against my and all liability arising out of or connected in any way with my participation as a volunteer for THE CROSSROADS CAMPUS.
- III. I further understand that serious accidents occasionally occur and that volunteers occasionally sustain serious personal injuries as a consequence thereof. Knowing the risk of participating as a volunteer for THE CROSSROADS CAMPUS, I nevertheless hereby agree to assume those risks and to release and hold harmless all of the persons and entities mentioned above who (through negligence or carelessness or otherwise) might be liable to me, or my heirs or assigns for damages. It is further understood and agreed that this waiver, Release of Liability and Assumption Risk, is to be bound on my heirs and assigns.
- IV. I grant THE CROSSROADS CAMPUS the right to use photographs and video or audio recordings of me made while volunteering, in any medium, without pay.

Applicant Name (Print)

Applicant Signature

Date

Parent/Guardian Name if under 18 years old

Parent/Guardian Signature if under 18 years old

Date



VOLUNTEER CONFIDENTIALITY AGREEMENT

www.crossroadscampus.org

Volunteer Definition: An individual providing a service at "no cost" to assist in delivering a program function on more than a one-time basis.

As a volunteer of this organization, I understand that I must maintain the privacy and confidentiality of any and all participant information. I recognize the value and sensitivity of confidential information and understand that it is protected by law (Health Insurance Portability & Accountability Act).

I agree to maintain standards of confidentiality, as it is required of my role as a volunteer in providing services with The Crossroads Campus, P.O. Box 331225, Nashville, TN 37203.

I agree to keep all participant information confidential for an indefinite period of time, even after I am no longer volunteering with this organization.

This is the most important area for all volunteers to remember. In general, the same policies apply to volunteers that apply to paid staff.

1. There may be times, that a child, individual or family may share information with you that is personal and confidential. Your relationship with the child, individual or family, their situation, and their personal affairs is privileged and confidential information.
2. Only talk in generalities about the child, individual or family. Do not talk about their personal lives, names, where they live, etc.
3. We want volunteers to talk about the program, its benefits, and your pride in your service, but do not talk about specific persons, their homes, their problems, etc.
4. Volunteer contact with the child, individual or family shall be limited to the scheduled time of the program on the program site only.

I agree to follow the above Rules of Confidentiality. I understand failure to do so will result in immediate dismissal as a volunteer.

Applicant Name (Print)

Applicant Signature

Date

Parent/Guardian Name if under 18 years old

Parent/Guardian Signature if under 18 years old

Date



Crossroads Campus Photo/Publicity Release

Release

I give Crossroads Campus, Inc. permission to publish photos and videos taken of me while on their property or participating in their programs. I understand these photos will be used only for promotion of Crossroads Campus, Inc. or fundraising and may be reproduced and used in print and/or interactive media at the discretion of Crossroads Campus, Inc.

Printed Name

Date of Birth

Signature

Date Signed

Permission from Parent or Guardian if the individual is under 18 years of age:

Printed Name

Date of Birth

Signature

Date Signed



One Last Thing...

Thank you for your interest in Crossroads Campus and Crossroads Pets Shop & Adopt. On the next page you will find instructions to sign up for a background check, **this must be completed before your volunteer service may begin.**

This is simply a protocol that all nonprofits must adhere to, especially when working with vulnerable populations such as ours.

Feel free to **tear off the last page and do this when you get home.**

The entire cost of the process is \$34. Although we ask you to pay this upfront, we will track your volunteer service and, if you'd like, reimburse you for the full cost after **10 hours of service.**

Please keep track of your hours and check in with the Volunteer Coordinator if you'd like to be reimbursed.

Don't hesitate to reach out with any questions, and if you are unable to pay, please let us know. We want everyone to feel welcome to volunteer in all Crossroads Campus programs.

Sincerely,

Crossroads Campus Staff



A breakthrough concept for screening, recruiting and retaining volunteers...

We are empowering volunteers to take ownership of one of the most time consuming and expensive process associated with volunteering – background screening. Crossroads Campus is proud to be a part of Verified Volunteers new game-changing screening platform. With Verified Volunteers, individuals can order, own, maintain, and compliantly share their own background checks with as many organizations as they choose, saving both you and the nonprofits you serve valuable time and money!

1. Go to the website: <https://app.verifiedvolunteers.com>
2. Create an Account and log in through the volunteers portal.
3. Select “Get Verified” and enter code: **vf1ekpy**
4. Fill out the 4 steps, enter any necessary credit card information and click COMPLETE.

If you have any questions about the platform or the process, please contact The Advocates Customer Care Team, at 1-855-326-1860 or email TheAdvocates@verifiedvolunteers.com

For the best possible viewing experience, please use Internet Explorer 9 (IE9) or later or the latest versions of Chrome, Firefox or Safari. If you choose to use an alternate browser or a tablet, some content may be skewed or unavailable.



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Several paragraphs of faint, illegible text.

Additional paragraphs of faint, illegible text.

Final paragraph of faint, illegible text.