



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 any experience with teens or young adults?

Why do you want to volunteer with Crossroads Campus?

How did you hear about Crossroads Campus? _____

How often are you looking to volunteer? (weekly, biweekly, monthly, etc) _____

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

Applicant Name: _____ Date: _____

Applicant Signature: _____

Parent or Guardian, if Under 18 Years Old: _____

Parent or Guardian Signature: _____



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 Transportation
- Dog Walking
- Fundraising
- Gardening/Landscaping
- Grant Writing
- Marketing/P.R./Graphic Design
- Newsletter
- Photography/Videography
- Social Media
- Public Speaking
- Retail
- Special Events and other fundraising activities
- Technology Assistance
- Veterinary Care
- Youth Education/Enrichment Team
- Other Interests or Skills: _____

If you selected Cat Care/Fostering/Transportation, what is your cat experience?:

If you selected Dog Care/Fostering/Transportation/Walking, what is your dog experience?:

If you have other animal experience, please describe here:



CROSSROADS CAMPUS

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 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 of 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: _____ Date: _____

Applicant Signature: _____

Parent or Guardian, if Under 18 Years Old: _____

Parent or Guardian Signature: _____



CROSSROADS CAMPUS 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's 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: _____ Date: _____

Applicant Signature: _____

Parent or Guardian, if Under 18 Years Old: _____

Parent or Guardian Signature: _____



**CROSSROADS CAMPUS
VOLUNTEER 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.

Name: _____

Date of Birth: _____

Signature: _____

Date Signed: _____

Permission of Parent or Guardian, if Under 18 Years Old:

Name of Parent or Guardian: _____

Date of Birth: _____

Signature Parent or Guardian: _____

Date Signed: _____