



# IMPACT WITH HOPE VOLUNTEER APPLICATION AND PHOTO RELEASE CONSENT

## Our Policy

It is our policy of this agreement to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability. Thank you for completing this application form and for your interest in volunteering with IMPACT WITH HOPE or any of its affiliates, ministries or programs.

## Contact Information

Name:	E-mail Address:
Street Address:	
City, State, Zip Code:	
Home Phone/Cell Phone:	Work Phone:

## Person to Notify in Case of Emergency

Name:	E-mail Address:
Street Address:	
City, State, Zip Code:	
Home Phone/Cell Phone:	Work Phone:

## Alcohol, Tobacco & Narcotics Policy

We are a Christian organization that deals with many cultures and beliefs. In our travels, we have learned that different cultures view the usage of pornography, tobacco and alcoholic beverages in many ways. Therefore, it is our decision that we do not want any team members using pornography, tobacco or alcoholic beverages while representing ISOH/IMPACT. In addition, the usage of illegal narcotics is absolutely forbidden and will not be tolerated. By filling out this application and signing it you acknowledge that you are in full agreement with this and you do not have an addiction that will cause problems in performing your duties as a team member. Do you agree to abide by this policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Background Information

Have you ever been convicted of child abuse or sexual misconduct? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Do you have any outstanding warrants or legal convictions? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes to either, please explain. Use additional pages if necessary.

## Photo Consent Policy

I hereby grant IMPACT WITH HOPE, including its affiliates, programs and ministries, permission to use my likeness in a photograph in any and all of its publications, including website entries, without payment or any other consideration. I understand and agree that these materials will become the property of ISOH/IMPACT and will not be returned. I hereby irrevocably authorize ISOH/IMPACT, its affiliates, programs and ministries, to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing ISOH/IMPACT programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of the photograph. I hereby hold harmless and release and forever discharge ISOH/IMPACT, its affiliates, programs and ministries from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

Yes, I AGREE with the Photo Consent Policy.  No, I DO NOT want my photo taken. I understand that it will be my responsibility to remind IMPACT WITH HOPE event/activity leaders and photographers of this preference at the start of each of my volunteer shifts.

By signing and submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

\_\_\_\_\_  
(Signature) (Printed Name) (Date)

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature) (Parent/Guardian's Printed Name) (Date)



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<b>Availability</b>		
During which hours are you available for volunteer assignments? (Check all that apply)		
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekday evenings
<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Weekend afternoons	<input type="checkbox"/> Weekend evenings
<b>Interests</b>		
Tell us in which areas you are interested in volunteering. (Check all that apply)		
<input type="checkbox"/> Administration	<input type="checkbox"/> Medical Missions	<input type="checkbox"/> Field work
<input type="checkbox"/> Events	<input type="checkbox"/> The Children's Lighthouse	<input type="checkbox"/> Deliveries
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Cooking	<input type="checkbox"/> Warehouse
<input type="checkbox"/> Phone bank	<input type="checkbox"/> Tutoring	<input type="checkbox"/> Volunteer coordination
<input type="checkbox"/> Newsletter production	<input type="checkbox"/> Field Trips	
<b>Previous Volunteer Experience, Skills &amp; Qualifications</b>		
Summarize your previous volunteer experience along with any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.		
<b>Medical History – Please attach additional pages of explanation if necessary</b>		
Name of Physician:		
Physician's Address & Phone #:		
<b>Extended Health Questionnaire</b> – In lieu of answering the following extended health questions, you can opt to have your doctor fill out the Volunteer Health Reference Form and return it to IMPACT WITH HOPE prior to your first volunteer shift. Please indicate which option you choose by marking the appropriate selection below. <input type="checkbox"/> I am completing the questions as asked below <input type="checkbox"/> I will submit the Volunteer Health Reference Form to my doctor for completion.		
Date of your last physical:		
Do you consider yourself to be in good physical, emotional and mental health? <input type="checkbox"/> Y <input type="checkbox"/> N If no, please explain:		
Any known health problems? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain:		
Are you currently taking any medications? <input type="checkbox"/> Y <input type="checkbox"/> N If so, please list:		



# IMPACT WITH HOPE VOLUNTEER LIABILITY WAIVER AND RELEASE

**THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS. INITIALING AND SIGNING IT MEANS YOU HAVE READ AND UNDERSTAND THIS FORM, AND THAT YOU AGREE TO COMPLY WITH ITS TERMS.**

I, the below-named person being above the age of eighteen (18) or the parent or guardian of the below-named person who is under the age of eighteen (18), in consideration of the services of IMPACT WITH HOPE ("ISOH"), AGREE TO GIVE UP MY LEGAL RIGHTS TO MAKE A CLAIM OR FILE A LAW SUIT AGAINST IMPACT WITH HOPE, its affiliates, ministries, programs, directors, agents, trustees, officers, managers and employees and their respective heirs, successors and assigns, in connection with any and all damage, claims, demands, rights and causes of action of whatever kind or nature, all injuries to person, or damage to property. My activity is purely voluntary, no one is forcing me to participate, and I elect to participate knowing full well the dangers and the risks.

I understand and acknowledge that by initialing and/or signing this document, I have assumed total responsibility and legal liability for the claims or other legal demands, including defense costs which may be asserted by spectators or other third parties against me as a result of my participation in this event at this facility and/or during the entirety of service.

**VOLUNTEER STATUS / INSURANCE / EMERGENCY MEDICAL CARE:** I understand and acknowledge that any service performed, is as a Volunteer, not an employee, of IMPACT. Volunteer is not entitled to employee or other benefits from IMPACT such as health or accident insurance, workers compensation benefits, or compensation for duties performed or hours worked. I understand it is my responsibility to provide health, disability, liability and/or accident insurance to cover Volunteer for any claims or damages that result from any injury, illness, death or property damage Volunteer suffers while volunteering with IMPACT. I also hereby consent to the provision or procurement by IMPACT of emergency medical care or first aid in the event Volunteer suffers any illness or accident while performing volunteer activities. I hereby release, discharge and hold IMPACT harmless from any claim related to the provision of such emergency medical care and understand that Volunteer will be responsible for all charges associated with such care.

**ASSUMPTION OF RISK/RELEASE:** As a volunteer for IMPACT, I understand that the activities I am voluntarily engaged in are or can be dangerous or hazardous work that involves a risk of physical injury, illness, property damage, or death, from hard physical labor, heavy lifting, exposure to environmental hazards such as mold or inclement weather, and work on ladders, roofs or other elevated or damaged structures. I also understand that I may be provided equipment to use in performing volunteer activities which is dangerous to operate and can cause serious injury or death. I hereby assume all risks associated with performance of these activities and operation of this equipment and release and forever discharge IMPACT from any and all liability for claims or damages I might have that result from my work with IMPACT as a volunteer, and any related claims or damages arising from IMPACT's selection of work sites or activities, provision of equipment, or provision of food, lodging or transportation in connection with my volunteer duties. I understand that IMPACT is not responsible for the safety or security of my personal effects and release IMPACT from liability for theft, damage or destruction of my personal property.

**ENTIRE AGREEMENT:** I understand that this entire agreement is between myself and IMPACT and/or all its affiliates, ministries, programs, agents, trustees, directors, officers, managers, and employees of any of the above listed companies and their respective heirs, successors and assigns and that it cannot be modified in any way by the representations of statements of any employees or agents of IMPACT or by me. My signature below indicates that I have read this ENTIRE document, understand it and agree to fully comply with this agreement. I further agree that this agreement shall be governed by and enforced according to the laws of the State of Ohio and/or State and/or country that I am residing in, and that it shall be binding upon and inure to the benefit of the parties, their successors, assigns and personal representatives.

**I am 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

**If the person signing is under age 18, there must be consent by a parent or guardian, as follows:**

I hereby certify that I am the parent or guardian of \_\_\_\_\_, named above, and do hereby give my consent without reservation to the foregoing on behalf of this person.

\_\_\_\_\_  
(Parent/Guardian's Signature)

\_\_\_\_\_  
(Parent/Guardian's Printed Name)

\_\_\_\_\_  
(Date)