



Student Volunteer Application

- Trinity
- Community
- High School
- U of R
- AR
- Intern

OFFICE USE ONLY	
Today's Date	_____
Start Date	_____
Background Check	<input type="checkbox"/>
Under18	<input type="checkbox"/>
Entered in DB	_____

First Name	Last Name	Birth Date (month/day/yr)
_____	_____	_____

Home Address	City	Zip Code
_____	_____	_____

Home Phone	Cell Phone	E-Mail Address
_____	_____	_____

Languages Spoken	Current Employer	Driver License #
_____	_____	_____

Emergency Contact

Name	Home Phone #	Work/Cell Phone #	Relationship
_____	_____	_____	_____

References

Name	Home Phone #	E-mail Address	Relationship
_____	_____	_____	_____
Name	Home Phone #	E-mail Address	Relationship
_____	_____	_____	_____

Check those areas that you would be interested in serving:

- | | |
|-------------------------------------|--------------------------------------|
| Tutoring <input type="checkbox"/> | Story-Time <input type="checkbox"/> |
| Literacy <input type="checkbox"/> | Art/Hobbies <input type="checkbox"/> |
| Recreation <input type="checkbox"/> | Other _____ <input type="checkbox"/> |

Check Day/s willing to serve:

- Monday
- Tuesday
- Wednesday
- Thursday

Check Shift/s willing to serve:

- 3:00-4:00 pm
- 4:00-5:00 pm
- 3:00-5:00 pm
- 1:30-5:00 pm

When can you start? _____

Please list any skills, interests, or hobbies that you may have and would want to share with our kids:

**Please continue on back

Micah House is a faith based program. Below is an evaluation tool to identify where you are on your own spiritual journey. Everyone is in a different place in that journey, so beginning at the left, read down the list until you find the statement that best describes your current spiritual marker. (Check only one)

- | | |
|--|--|
| <input type="checkbox"/> God cannot exist | <input type="checkbox"/> I acknowledge a personal need for Jesus Christ |
| <input type="checkbox"/> There is a possibility of God | <input type="checkbox"/> I have received Salvation |
| <input type="checkbox"/> I am wondering if God can be known | <input type="checkbox"/> I am a functioning member of a local church |
| <input type="checkbox"/> The Christian church may have a way to find God | <input type="checkbox"/> I am striving to serve the Lord |
| <input type="checkbox"/> I know the basic facts of the Christian message | <input type="checkbox"/> I am leading others in the ministry of the church |

Please share briefly about your relationship with God/ Jesus Christ. If none, please state your religious beliefs:

Describe any previous experience working with kids. List organizations and responsibilities :

Required Questions:

1. Have you ever been convicted of a criminal offense (felony or misdemeanor, except minor traffic violations)?
YES NO (circle one, if yes please explain)
2. Have you ever been reported to a social services agency, law enforcement authority, child abuse registry, or similar organization regarding abuse or misconduct involving children? YES NO (circle one, if yes please explain)
3. Are there any other facts or circumstances in your or your background that would cause us to question your ability to supervise, guide and care for young people? YES NO (circle one, if yes please explain)

- I hereby authorize anyone identified in this form to release any information concerning me.
- I hereby release Trinity Community Foundation/Trinity Church from any and all liability for damages of whatever kind which may at any time result to me, my heirs, or family on account of compliance, or any attempts to comply, with any person or organization identified by me in this application.
- As a Micah House volunteer, I agree to observe all guidelines and policies including those concerning child safety and protection, sexual abuse and misconduct, and interpersonal relationships.
- I have carefully read the foregoing releases and know the contents thereof, and I sign this release as my own free act.

Signature _____

Please Print Name _____

Date _____

Micah House
Parental Consent and Release Form

READ BEFORE SIGNING

Student's Name _____ ("Student")

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Other Contact (name/number) _____

E-Mail _____ Birth Date _____ School Grade _____ Sex M F

Are there any medical restrictions or allergies Yes No If yes, please explain and indicate nature: _____

I, _____, (parent/guardian) hereby acknowledge that it is my desire for my child to participate in certain voluntary recreational, educational and other activities provided by or in conjunction with the Micah House, whether at the Micah House locations or away from such locations, including without limitation to bicycling, camping, games, computer usage, as well as transportation to and from events (which may be by bus, private vehicle, walking, as well as any other mode of transporting the Student to and from any such events) all of which I approve of and authorize, each an "Event" and collectively the "Events."

In consideration of the program and services provided by Trinity Community Foundation, a California non-profit corporation (commonly known as "Micah House"), Trinity Evangelical Free Church, Inc., a California non-profit corporation, and each of their its employees, agents, owners, directors, officers, board members, volunteers, and any other participants, sponsors, advertisers, and, if applicable, owners/lessors of real or personal property or vehicles used in relation to the Events, and all other persons or entities acting in any capacity on their behalf or in affiliation with them (hereinafter collectively referred to as "Released Parties"), I hereby agree to release, indemnify, and discharge Released Parties, on behalf of myself, the Student, my spouse, our children, parents, heirs, assigns, personal representative and estates from any and all claims relating to the Events, and further agree as follows:

1. The risks relating to or arising out of the Events may be significant, including the potential for serious or permanent injury, paralysis or death. This Consent and Release shall remain in effect for all Events until withdrawn in a written document delivered to the director of the Micah House, currently Dave Wilson ("Director"). The Released Parties cannot guarantee safety in the Events. It is my responsibility to evaluate the Student's (and if I also participate, my) level of fitness before participating, and to remove the Student (or myself) if I feel any Event is unsafe. It is my responsibility to seek medical advice before any Event if medical condition is in question.
2. I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the Released Parties or others, and assume full responsibility for the Student's (and my) participation in any and all Events.
3. I willingly agree to comply, and to ensure the Student's compliance, with the terms and conditions for participation in all Events. I understand, that in the event the Student behaves in a manner deemed unacceptable by the leadership of Micah House, I will pickup, or make arrangements for pickup of, my child at my own expense. If I or the Student observe any unusual significant hazard during my presence or participation in any Event, I will remove myself, the Student, and family members from participation and bring such to the attention of the Director or other Micah House leaders present.
4. I understand that I am responsible to pick up or arrange for transportation to and from the Micah House location or other designated meeting point, and at the conclusion of any scheduled Event, the Released Parties shall be relieved of any further supervision of the Student.

5. Any injuries incurred in the Events may not be covered by any insurance carried by any of the Released Parties.
6. I, for myself and on behalf of the Student, my spouse, heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless, the Released Parties from any and all claims, demands, losses, and liability arising out of or related to the Events, including without limitation an injury, disability or death I, the Student, or other family members may suffer, including any other loss or damage to person or property, whether arising from the negligence of the Released Party or any other cause, to the fullest extent of the law.
7. By participating in or attending any Events, I consent to the use of any print or digital photographs, pictures, film, or videotape taken of the Student, me or my family members for publicity, promotion, television, websites, or any other use by Micah House or any third party designated by Micah House, and expressly waive any right of privacy, compensation, copyright or ownership right connected to same. As it may be costly and/or impossible to remove such items or images once they are printed or published, this consent shall be irrevocable.

BY INITIALING OR SIGNING HERE, I ACKNOWLEDGE THAT I HAVE READ, UNDERSTOOD AND AGREED TO THE PROVISIONS OF THIS SECTION.

Parent's Initials

8. I hereby authorize the Micah House leadership as agent (s) for the undersigned to consent to any X-ray examinations, anesthetic, medical or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and/or surgeon licensed under the provisions of the Medical Practices Act, California Business and Professions Code §2000 et. seq.; or any X-ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any dentist licensed under the provisions of the Dental Practices Act, California Business and Professions Code §1600 et. seq. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care to provide authority and power on the part of our aforesaid agent (s) to give specific consent to any and all such diagnosis, treatment or hospital care which aforementioned physician or dentist, in the exercise of his/her best judgment, may deem advisable. This authorization is given pursuant to the provisions of California Family Code §6910. I hereby authorize any hospital, which has provided treatment to the above-named minor pursuant to the provisions of California Family Code §6910, to surrender physical custody of such minor to my above-named agent (s) upon the completion of treatment. This authorization is given pursuant to California Health and Safety Code §1283. I understand that I, and not any of the Released Parties, shall be solely responsible for payment of any medical or other treatment provided to the Student pursuant to this Section 9. This Section 9 authorization shall remain effective for one year from the date written below, unless withdrawn in writing prior.

Executed this _____ day of _____, 20____

_____	_____
Parent/Guardian Signature	Student Signature

_____	_____	_____
Insurance Company/Policy Number	Name of family Doctor	Doctor's Phone #

_____	_____	_____
Emergency Contact/Phone Number	2 nd Emergency Contact/Phone Number	E-mail Contact