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| **VOLUNTEER APPLICATION**  Please attach your resume to this application for any volunteer roles in our programs, administration or development | |
| **PERSONAL** | |
| First Name: M.I. Last Name | |
| Address: City: State: Zip Code: | |
| Phone | |
| Email: | |
| **Emergency Contact: Phone:** | |
| How did you hear about us? | |
| Interested in receiving IYR mailings? | |
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| Volunteer Role: | |
| Date Available to start: February 4th | Days & Hours Available: Weekday late afternoons and evenings |
| Are any of your relatives currently employed by the Idaho Youth Ranch? Yes □ No X  If yes, in what programs/store? Position?   |  | | --- | | Have you ever worked for IYR before? Yes □ No X If yes, dates employed:  Location: Position: Supervisor: | | |

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| **WAIVER AND RELEASE** |
| I understand and acknowledge that there are risks involved in volunteering with the Idaho Youth Ranch.   1. I assume the risk and full responsibility for any and all injuries, losses or damages which might occur to me while volunteering for the Idaho Youth Ranch to the maximum extent allowed by law. 2. I waive and release any and all claims, suits or related causes of action against IYR and its directors, officers, employees, volunteers, agents or affiliates for injury, loss, death, costs or other damages to me or to my heirs and assigns. 3. I indemnify and hold IYR harmless, to the maximum extent allowed by law, from any injury, loss, death, costs or other damages to me, my heirs or assigns or any third parties for claims, suits, or other related causes of action asserted against IYR arising from my conduct while volunteering for IYR. 4. I release, indemnify and hold IYR harmless from any liability whatsoever for future claims pursued by my heirs and assigns for any injury, losses or damages. 5. I give to IYR my free and unlimited consent and permission, waiving all claims for any compensation or damages by reason thereof, to use, publish, republish, or exhibit, with or without identification of me by name, any photographs, videos or statements taken that are related to my volunteering with IYR. IYR may use any of these materials in the furtherance of its work in the promotion of IYR or in any of its fund campaigns or other activities. |
| **CERTIFICATION** |
| My signature below certifies that all information in this application is correct and complete to the best of my knowledge and belief and I understand that intentionally giving false or incomplete information may result in refusal of volunteer services or termination of volunteer services if discovered after the start date. I also authorize the employers, schools, or persons named to provide information regarding my employment, education, character and qualifications. I understand that information obtained from the persons named or others will be used for the purpose of making volunteer service related decisions and that the results will be kept strictly confidential.  I understand that pre-service drug testing may be required for this position. If a criminal background check or medical examination is required for the position for which I am applying, any offer is contingent upon satisfactory completion of such background check and/or testing.  I also understand and agree that if selected, my volunteer service is for no definite period and either the Agency or I may terminate our relationship at will at any time without notice or reason and that this application does not constitute a contract. |
| ***I have carefully read this release of liability, hold harmless and indemnification agreement and, by my signature below, I understand and agree to the above terms and conditions.***   |  | | --- | | Signature of Volunteer: Date: | | Signature of Parent (if under 18): Date: | |