



# GATHERING FOR WOMEN - MONTEREY

## Volunteer Application

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### CONTACT INFORMATION:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_  Male  Female

### EMERGENCY CONTACTS:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### ADDITIONAL INFORMATION:

Are you currently:  Employed  Unemployed  Student  Retired  Other: \_\_\_\_\_

Work Experience: \_\_\_\_\_  
*(if available, please attach resume)*

Volunteer Experience: \_\_\_\_\_

### SKILLS:

Bilingual:  Yes  No If yes, specify language: \_\_\_\_\_

Other skills, hobbies, and interests: \_\_\_\_\_

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### AREAS OF INTEREST:

Cook  Kitchen Helper  Personal Care Products  Clothes Closet

Bus Guide  Clerical Assistant  Case Management  Other: \_\_\_\_\_

I am interested in volunteering because: \_\_\_\_\_

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**PLEASE READ AND SIGN REVERSE SIDE FOR APPLICATION TO BE VALID**

**WAIVER:** I understand as a volunteer, I am not employed by Gathering for Women - Monterey (hereafter referred to as GFW), and that I will not be covered by workers' compensation insurance. I further agree to defend, indemnify, and hold harmless GFW and its officers, directors, employees and agents, from and against any and all claims, liability judgment and expenses that may arise by reason of services I provide as a volunteer or that are connected in any way therewith.

I hereby waive, release and discharge all claims for damages for death, personal injury, or property damage which I may have or which may have hereafter accrued to me as a result of engaging in volunteer activities or any activity incident thereto. This release discharges in advance GFW, its directors, officers, agents, servants and employees from liability even though that liability may rise out of negligence or carelessness on the part of the persons or entities mentioned above. Some volunteer activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. This waiver, release and assumption of risk is to be binding on my heirs and assigns.

**CRIMINAL BACKGROUND CHECK:** Volunteers (18 years or older) will be required to undergo a "Live Scan Fingerprint" background check. Notifications of relevant convictions are sent to GFW by the State of California, Department of Justice, and Bureau of Criminal Investigations. Convictions will be reviewed on a case-by-case basis to determine if the applicant will be accepted as a volunteer.

**CONVICTION INFORMATION:** If I have been convicted of a crime, I will provide on a separate piece of paper the following information pertaining to all convictions unless sealed or expunged. (Do not list arrests that did not result in conviction.) This information is required for all volunteers:

- Date of Conviction
- Code Section Violated (Number and Title)
- Felony or Misdemeanor
- Sentencing Information (length of jail sentence, time served, monetary fine, terms of parole and/or probation)
- Description of Offense and/or Additional Remarks

**DRIVER REQUIREMENTS:** I understand I may not drive a vehicle on GFW business without the written authorization of the GFW executive director. If authorized to drive on GFW business, I agree to provide the following documents to GFW: 1) A copy of my driver's license. 2) Evidence of vehicle insurance with bodily injury coverage in the amount of at least \$100,000 per person, \$300,000 per accident. 3) A copy of my DMV Driver Record which I can request from the DMV or from my insurance agent. 4) If over the age 69 years, a statement of fitness to drive signed by my physician. I further understand that volunteers under the age of 21 are not authorized to drive on GFW business regardless of their adherence to items 1 through 4 above. Lastly, I understand that the information I provide in regard to my driving record, fitness to drive, and insurance coverage will remain confidential.

**PHOTO RELEASE:** I hereby consent to the photographing, recording or reproduction in any other manner (including use of videotapes and audiotapes) of my likeness, voice and/or activities and further authorize GFW its agents, or assigns, to make unlimited use of such reproductions, including, but not limited to broadcasting to the public of the reproductions over radio, television stations and the internet. I understand that I will not receive any monetary compensation. I do hereby release and hold harmless GFW, its officers, directors, and employees from any claims.

**EMERGENCY MEDICAL TREATMENT:** In case of serious injury, I give my permission for GFW to seek any emergency medical treatment for me should it become necessary.

**AGREEMENT:** I will abide by all policies, protocols, procedures, and other requirements set forth by GFW. I understand that I may be subject to specific training requirements such as Food Handling and other training deemed necessary by GFW.

\_\_\_\_\_  
Applicant signature

\_\_\_\_\_  
Date

**Return application to:  
Gathering for Women - Monterey  
PO Box 601, Monterey, CA 93942**

<i>For Office Use Only:</i>	<input type="radio"/> <i>Application Complete</i>	<input type="radio"/> <i>Date Acknowledgment sent:</i> _____
<i>Reviewer's Signature:</i> _____	<i>Date:</i> _____	