



## Volunteer Application

This application is to be completed by all those wishing to serve with CDC in any capacity. It is being used to help CDC provide a safe and secure environment for everyone who participates in our programs.

**Office Use Only:**

Application Processed: \_\_\_\_\_  
 Volunteer Orientation: \_\_\_\_\_  
 Assigned Area(s): \_\_\_\_\_  
 Contact Supervisor: \_\_\_\_\_

Today's Date \_\_\_\_\_

First Name	Last	Gender	Date of Birth
Social Security Number - -		Authorization of Background Check YES NO	
<b>A complete background check and Abuse Awareness Training is required for all volunteers working with children.</b>			
Address		City	State Zip
Phone Number		Race	
Email Address			
Marital Status (Optional)	Number of Children	Ages of Children	
Emergency Contact		Phone Number(s)	
Occupation (Optional)	Place of Employment (Optional)		

**In what program(s) do you wish to be involved with CDC?**

Youth and Family Programs

Work Projects

Special Programs

Do you have a personal relationship with Jesus Christ? \_\_\_\_\_ If so, when did you make that commitment? \_\_\_\_\_

Are you a member of a church? \_\_\_\_\_ If so, what church? \_\_\_\_\_

**Do you wholeheartedly subscribe to the following Statement of Faith?**

1. We believe the Bible to be the inspired, authoritative, absolutely true Word of God
2. We believe that there is one God, eternally existent in three persons: Father, Son, Holy Spirit
3. We believe that Jesus is Lord, that He was born of a virgin, that He lived a sinless life, that He died to redeem us from sin, that He rose again in body, that He ascended to the right hand of the Father, and that He will return in power and glory
4. We believe that the movement of the Holy Spirit is essential for the salvation of lost and sinful men

Yes \_\_\_\_\_ No \_\_\_\_\_ (Answering "No" does not prevent you from serving with us.)

Please list 2 personal references. They must be over 18 and not related to you.

Name	Relationship	Phone Number	Address

The questions listed below are a part of our interview process in order to help provide a safe and secure environment for ministry. All information is held strictly confidential by the CDC staff. Answering yes to any of the questions may not necessarily prevent your involvement with us. Thank you for understanding.

- Do you use illegal drugs? \_\_\_\_\_ If yes, please explain.
- Have you ever been hospitalized or treated for alcohol or substance abuse? \_\_\_\_\_ If yes, please explain.
- Have you ever been arrested for a criminal offense excluding minor traffic violations? \_\_\_\_\_ If yes, please explain.
- Have you ever been imprisoned? \_\_\_\_\_ If yes, please explain.
- Have you ever been accused or convicted of sexual or physical abuse? \_\_\_\_\_ If yes, please explain.

*(Attach a sheet to this application if necessary.)*

### **Release and Waiver Liability**

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (Volunteer) in favor of CDC, a nonprofit corporation, its directors officers, employees, agents.

The Volunteer desires to work as a volunteer for CDC and engage in the activities related to being a volunteer for \_\_\_\_\_ (the "Activities"). The volunteer understand that the Activities may include **physical labor, exposure to hazardous conditions, or other circumstances that may result in personal injuries.**

**1. I understand that by serving as a volunteer, I am not entitled to nor am I going to receive any type of monetary compensation for my work. By signing below, I agree to all the terms and conditions set out by CDC.**

**2. Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless CDC and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either law or in equity, that arise or may hereafter arise from Volunteer's Activities with CDC.

a. VOLUNTEER UNDERSTANDS THAT THIS RELEASE DISCHARGES CDC FROM ANY LIABILITY OR CLAIM THAT THE VOLUNTEER MAY HAVE AGAINST CDC WITH RESPECT TO ANY BODILY INJURY, ILLNESS, DEATH, OR PROPERTY DAMAGE THAT MAY RESULT FROM VOLUNTEER'S ACTIVITIES WITH CDC, WHETHER CAUSED BY THE NEGLIGENCE OF CDC OR ITS OFFICERS, DIRECTORS, EMPLOYEES, OR AGENTS OR OTHERWISE. VOLUNTEER ALSO UNDERSTANDS THAT CDC DOES NOT ASSUME ANY RESPONSIBILITIES FOR OR OBLIGATION TO PROVIDE FINANCIAL ASSISTANCE OR OTHER ASSISTANCE, INCLUDING BUT NOT LIMITED TO MEDICAL, HEALTH, OR DISABILITY INSURANCE IN THE EVENT OF INJURY OR ILLNESS.

**3. Medical Treatment.** Volunteer does hereby release and forever discharge CDC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer's Activities with CDC.

**4. Assumption of the Risk.** The Volunteer understands that the Activities may involve work that may be hazardous to the Volunteer. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities, and releases CDC from all liability for injury, illness, death, or property damage resulting from the Activities.

**5. Insurance.** The volunteer understands that except as otherwise agreed to by CDC in writing; CDC does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. **Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance.**

**6. Photographic Release.** Volunteer does hereby grant and convey unto CDC all right, title, and interest in any and all photographic images and video or audio recording made by CDC during the Volunteer's Activities with CDC, including but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**7. Background Check Authorization.** By signing below I hereby authorize the obtaining of consumer reports and/or investigative consumer reports by Central Detroit Christian CDC at any time after receipt of this authorization and throughout the course of my time of serving as a volunteer.

**8. The information contained in this application is correct to the best of my knowledge. I authorize any references, churches, or other organizations which are listed in this application to give you any information they have regarding my character and fitness for working with this organization. Including children, youth, and families. I also authorize CDC to conduct a background check with the necessary authorities to verify my fitness to serve.**

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer: \_\_\_\_\_ Witness: \_\_\_\_\_

Date: \_\_\_\_\_

If under 18, parent signature: \_\_\_\_\_ Print Name \_\_\_\_\_