



**Please Print Clearly**

**VOLUNTEER INFORMATION:** **DATE:** \_\_\_\_\_

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

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

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

**E-mail Address:** \_\_\_\_\_

**Gender:** Male:  Female:  **Age group: (Please check box)**  
Under 18  18-25  26-40  41-55  over 55

**Time and days available:** \_\_\_\_\_

**Are you a citizen of the United States? Yes \_\_\_ No \_\_\_** If no, are you authorized to work in the U.S.  
\_\_\_\_\_

**Have you ever been involved with this organization? Yes \_\_\_ No \_\_\_** If so, when? \_\_\_\_\_  
**And in what area:** \_\_\_\_\_

**Have you ever been convicted of a crime? Yes \_\_\_ No \_\_\_** If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES: Please list three references (Non-Relatives) We will need all three filled in.**

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Company:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

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**Please tell us why you want to volunteer with Connections 4 Life Center?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**COVID-19 virus:**

I understand that I am serving in a vital service to the community during the **COVID-19** virus period.

Do you have any of these symptoms (circle all that apply)?     **Fever**     **Dry cough**     **Difficulty breathing**

Have you been out of the country and/or exposed to any person who has had the above symptom or tested positive to the COVID-19 virus in the past two weeks?   **YES**   **NO**

If I start to have these symptoms, I will immediately notify C4L and understand I cannot volunteer for the period of two weeks after all these symptoms subside. I further agree to follow all cleansing, social distancing and all other evolving requirements to protect volunteers and the public.     **YES**   **NO**

**Participation and Hold Harmless Agreement:**

**Connections 4 Life Center (C4L)** is an all-volunteer ministry. As such **C4L** is not covered by Workers Compensation Insurance nor are we a church that carries premises medical payment coverage.

**C4L** handles any accident incident in the following manner:

If you do not have personal insurance and you are hurt on a **C4L** project or activity, we highly recommend that you obtain medical treatment at a local hospital where you are able to seek help from the hospital’s assistance program. Your personal health insurance or medical coverage is the first billing. If you do not have your own medical coverage, you must apply for help from the hospital’s assistance program. After all other avenues have been exhausted **C4L** will apply to our insurer for assistance. Because of our situation, we ask each volunteer or participant to sign a hold harmless agreements before volunteering or participation in activities:

In consideration for being accepted by **Connections 4 Life Center** for participation in volunteer service release, forever discharge and agree to hold harmless **C4L**, any other churches or involved organizations, the directions and workers thereof, from any and all liability, claims or demands for personal injury, sickness, or death, as well as property damage and expenses, of any nature whatsoever, which may be incurred by the undersigned and the child that may occur while said child or person is participating in **C4L** volunteer services activities.

Furthermore I (we) (and on behalf of our child if under the age of 18 years) hereby assume all risk of personal injury, sickness, death or damage as a result of participation in recreational and work activities involved therein.

The undersigned further herby agrees to indemnity said organizations, their directors, employees, and agents, for any liability sustained by said organizations as the result of the negligent, willful or intentional acts of said participant.

(If the participant has not attained the age of 18 years): We (I) are the parent(s) of this participant, and herby grant our (my) permission for him (her) to participate fully in volunteer service and hereby give our (my) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, and assume the responsibility of all medical bills, if any. Only participants’ need sign if 18 years of age or older. If under 18 years, both parents must sign unless parents are separated or divorced in which case the custodial parent must sign.)

**DISCLAIMER AND SIGNATURE:**

I certify that my answers are true and complete to the best of my knowledge. If this application leads to a volunteer position, I understand that false or misleading information in my application or interview may result in my release.

I give permission to **Connections 4 Life Center** to take my picture (or my child’s picture) which may be used for publicity purpose:   **YES**   **NO**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please return to: Food Pantry office or Vicki Clem**

**For more information contact Gretchen Baker at 719- 387-9919 EXT 1, Or go to [www.connections4lifecenter.org](http://www.connections4lifecenter.org) website.**