



# ADULT VOLUNTEER APPLICATION

Contact Information		
Name	First	MI Last
Street Address		
City	State	Zip
Home Phone	Work Phone	Cell Phone
E-Mail Address		
Availability		
During which hours are you available for volunteer assignments?		
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekday evenings
<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Weekend afternoons	<input type="checkbox"/> Weekend evenings
Interests		
Tell us in which areas you are interested in volunteering		
<input type="checkbox"/> Administration	<input type="checkbox"/> Afternoon Program - Jefferson	<input type="checkbox"/> Afternoon Program - Northeast
<input type="checkbox"/> Special Events	<input type="checkbox"/> Afternoon Program - MCC	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Committees	<input type="checkbox"/> Share my Talent	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Mailings	<input type="checkbox"/> Fundraising Dinner	<input type="checkbox"/> Accelerate Facilitator
<input type="checkbox"/> Running Errands	<input type="checkbox"/> ROCK Wall	<input type="checkbox"/> Exposure Facilitator
<input type="checkbox"/> Battle of the Bands	<input type="checkbox"/> ROCK Wall Transportation	<input type="checkbox"/> Fall Fundraiser Night
<input type="checkbox"/> Education	<input type="checkbox"/> Zombie Run	<input type="checkbox"/> Other _____
Special Skills or Qualifications		
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including crafts, hobbies, sports or other talents.		
How did you hear about The ROCK Center for Youth Development?		

# VOLUNTEER APPLICATION FORM - ADULT

## Previous Volunteer Experience

Summarize your previous volunteer experience.

## Place of Employment

Employer

Position

Street Address

City

State

Zip

Phone

## Person to Notify in Case of Emergency

Name

Relationship

Street Address

City

State

Zip

Home Phone

Work Phone

Cell Phone

E-Mail Address

## References (Please do not use relatives or ROCK employees. References must 21 yrs. & older)

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

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

Street

City

St

Zip

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

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

Street

City

St

Zip

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

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

# VOLUNTEER APPLICATION FORM - ADULT

## As a willing ROCK volunteer and I agree to:

I will remain conscious of the growing needs of our youth center and will encourage other adults to consider their potential involvement.

Because I am making a significant commitment and my presence is important, I agree to be consistent and timely to the programs I commit myself to. I also agree to communicate with staff if I will be absent.

## Non-Discrimination Policy

The ROCK Center for Youth Development is an equal opportunity organization. We comply with all applicable laws regarding equal opportunities for qualified applicants, vendors and consumers. It is against our policy to discriminate against any person or persons working in or utilizing our facility, or in regards to admission, treatment, or participation in programs, services and activities or employment, on the basis of race, religion, national origin, color, sex, age, disability or any other basis prohibited by federal, state or local law.

## Criminal Background Check

I understand that due to the nature of the ROCK Center for Youth Development that I am agreeing to a criminal background check.  Yes

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Other Legal Name(s): \_\_\_\_\_

Have you ever been charged with child abuse, neglect or any crime of a violent or sexual nature?

Yes  No If Yes, please explain:

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## ROCK USE ONLY:

Application Approved:  Yes  No Date: \_\_\_\_\_

Application Disapproved: \_\_\_\_\_ Reason: \_\_\_\_\_

# THE ROCK CENTER FOR YOUTH DEVELOPMENT

PO Box 2143  
2205 Jefferson Ave.  
Midland, MI 48642  
989-835-2542  
[www.therockc4yd.org](http://www.therockc4yd.org)

**ROCK LIABILITY RELEASE  
ROCK CLIMBING WALL LIABILITY RELEASE  
AUTHORIZATION FOR PUBLICITY RELEASE**

**RELEASE OF LIABILITY STATEMENT – ROCK CENTER FOR YOUTH DEVELOPMENT**

Participants and their parents understand that involvement at the ROCK Center for Youth Development may entail risk of injury or harm to the Participant and agree that risk is fully assumed by the Participants and/or their parents. In addition, Participants agree to hold the ROCK Center for Youth Development harmless for, from and against any and all liability, damages and claims of any kind, known and unknown, which may be connected with, result from, or arise out of participating in activities at the ROCK Center for Youth Development. This includes, but is not limited to, Claims involving economic loss, illness or medical condition, accidental injury or death.

**RELEASE OF LIABILITY STATEMENT – ROCK CLIMBING WALL**

In consideration of being permitted to climb the “Rock Climbing Wall” presented by The ROCK Center for Youth Development, on behalf of myself, my personal representatives, heirs, and assigns, I hereby release and discharge the Rock Center for Youth Development, and their volunteers or employees from any and all claims for property damage and/or personal injury or death resulting from my attempt to climb or descend the Rock Climbing Wall. This release covers the negligent use, maintenance, construction, or design of the Rock Climbing Wall, and the negligent supervision of my use of the Rock Climbing Wall. I am aware of the inherent risks of climbing the wall, which include, but are not limited to, injury and death from: myself ascending or falling, others ascending or falling, and equipment malfunctioning or breaking. I freely assume these risks and any other risks that are inherent to the activity. If the climber is under 16 years old, the parent signing below agrees to indemnify the Rock Center for Youth Development, its volunteers, or employees concerning any claim made by the climber. The signature(s) below certifies that I (we) have read and understand the terms of this waiver, as well as the climbing safety instructions below. The climber agrees to follow the climbing instructions, including those instructions covered during the climber briefing.

**AUTHORIZATION FOR PUBLICITY RELEASE**

Participants at the ROCK Center for Youth Development understand and agree that being at the ROCK and at ROCK Events may result in publicity, whether or not the ROCK actively takes steps to publicize the event. However, to the extent the ROCK has control over the matter, students, volunteers, etc. are asked to read and sign the following Publicity Authorization:

Participants authorize the ROCK to publicize the event and to use participant’s names and likenesses and other information about the participants whether embodied in photographs, videotapes, recordings or any other format (collectively, “Information”), for purposes of promotion, publication, commercial advertising or any other purpose whatsoever, now or at any time in the future. Participants understand and agree that the ROCK Center for Youth Development may use any such information: (1) in all manner and media whatsoever, whether now or hereafter invented, including electronic and print media and the Internet; (2) with or without participant’s names (first names only); (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or seek further approval before doing so.

Participants acknowledge reading and understanding this ROCK Liability Release, ROCK Wall Liability Release and Publicity Release. Participants agree that this form fully and accurately expresses their understanding and that it has not been modified orally or in writing.

Date			
Last Name		First Name	MI
Signature			
Date of Birth			
Phone		Email address	
Address	City	State	Zip

Please sign this form for Liability and Publicity releases.

If you decide to climb the ROCK Wall in the future – this will also serve as the Liability release for that also.

Thank-you!