



APPLICATION FOR STAFF AND VOLUNTEERS

Applicant Information: **Date of Application** ____/____/____

Name: _____ Social Security Number ____-____-____
 (Last) (First) (M.I.)

Address: _____ City/State/Zip: _____

Home Telephone: _____ Cell: _____ Office: _____

Email: _____ Date of Birth: ____/____/____

Are you a U.S. citizen, or are you otherwise authorized to work in the U.S. without any restrictions? yes no

Have you ever been convicted of a felony? yes no If yes, please describe circumstances below:

Reference Information: (Please list four references)

Name	Street Address	City/State/Zip	Phone Number	Years Known

Education:

University/College Name	Type of Degree	Graduation Date	Area of Study

Physical Job Requirements:

Our jobs often require physical activity from our staff and volunteers. This may mean assisting a participant in some physical way or participating in a physical activity with our participants such as water sports, walking, other sports, etc.

Are you restricted from participating in any physical activity? ____yes _____no
If yes, please describe:

Media Consent:

Wellspring Community has created media outlets for purposes of public relations, promotions and parent/guardian communications. The media outlets include, but are not limited to website, blog spot, video, photographic materials, print and/or other electronic means. The media outlets may include pictures of our program activities to include participants, volunteers and other staff members. It may also include written language which may describe events taking place during program hours, news and updates and may include specific information about participants, volunteers and staff members. The information contained within the media outlets may change daily. Wellspring Community will not include last names, ages, addresses or telephone numbers in any of its outlets. Please review the preferences below, make your selection and sign where indicated. Payments are not made for items published.

I will allow my photograph, program work or written language describing my participation during a Wellspring Community program to be published on any Wellspring Community outlet.

____yes _____no

Signature: _____ Date: _____

Background Checks:

I authorize Wellspring Community to receive information from any law enforcement agency, including police departments and sheriff’s departments, of this state or any other state or federal government, to the extent permitted by the state and federal law, pertaining to any convictions I may have had for violations of state or federal criminal laws, including but not limited to convictions for crimes committed upon children or animals. I understand that such access is for the purpose of considering my application as an employee/volunteer. Wellspring Community will not disseminate this information in any way to any other individual, group, agency, organization or corporation.

Signature: _____ Date: _____

Date of Birth: ____/____/____ (Required for background checks)

Release of Liability:

I recognize that, as a staff or volunteer, I represent Wellspring Community to the public. I accept the responsibility for this status and will conduct myself in a professional manner. I will be clean and sober when conducting business as a representative of this organization.

Please initial here: _____

I agree to maintain the confidentiality of all volunteers, clients, and donors about whom I have personal and identifying information.

Please initial here: _____

I agree to honor the commitment length and frequency of service that I make to the organization. I agree to provide as much advance notice as is possible in the event that I will be absent from my shift. I agree to update my personal information and emergency information as changes occur.

Please initial here: _____

I am aware that as a volunteer or staff member, I expose myself to potential hazards which include but are not limited to: kitchen accidents, cuts, burns, back injury from lifting, swimming accidents, pool accidents, accidents from housekeeping chores, car accidents, property damage or injury to others in car accidents, falls, muggings, etc. Potential hazards have been explained to me. I am participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury.

Please initial here: _____

I agree that my assignees, heirs, distributes, guardians and other legal representatives will not make a claim against, or sue for injury or damage resulting from the negligence or other acts, howsoever caused, by any employee, agent or volunteer contractor of the organization as a result of my participation as a volunteer. I hereby release Wellspring Community, its employees, board of directors and anyone else affiliated with them from all actions, claims, or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have for injury resulting from my participation as a volunteer.

Please initial here: _____

If my volunteer service or staff position includes driving an automobile, I acknowledge that I have both a valid driver’s license and automobile liability insurance policy as required by state law. I agree to maintain my license and insurance in good standing for my entire tenure as a volunteer or staff member for the organization. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances.

Please initial here: _____

It is the responsibility of every staff member and volunteer to report any suspicion of abuse or neglect of any participant served by Wellspring Community to the program director. I will work to maintain an atmosphere of physical and emotional safety for everyone associated with the Wellspring program. I agree that I will not participate in any sort of harassment, exploitation, intimidation, physical, emotional or sexual abuse or neglect of any participant while working/volunteering for the Wellspring program.

Please initial here: _____

Signature: _____ Date: _____

For Volunteers:

Please number, in order of preference, the day(s) you would be available to volunteer at Wellspring:

___Monday ___Tuesday ___Wednesday ___Thursday ___Friday ___No Preference

Please let us know if you would like to serve in other capacities such as fund raising, shopping, donating supplies, etc.:

Complete the employment history below for paid positions:

Employment History

Dates of Employment	Employer Name	Last Position Held	Reason for Leaving	Salary	Name and Phone Of Contact

I attest that the information provided within this application is accurate to the best of my knowledge. I have read and understand Wellspring Community’s God-centered mission, vision and value statement and I agree to support this with both conduct and speech.

Signature: _____ Date: _____

Please submit a copy of your driver’s license and automobile insurance card with your completed application and mail to the address below.