

T.I.P./Girls Rock! Volunteer Application

Please email your application to GirlsRockSussex@yahoo.com and attach a clear copy of your driver's license or ID.

1 VOLUNTEER BACKGROUND

Contact Information	Date		Nickname		
	First Name		Last Name		
	Home Address				
	City		State & Zip Code		
	Birthdate		Cell Phone		
	Email				
Background	Do you speak a foreign language?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes list the language(s):		
	Do you have a driver's license?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Are you volunteering as part of a group such as church, corporation, civic or social club?		<input type="checkbox"/> Yes <input type="checkbox"/> No If Yes describe:		
	EMERGENCY CONTACT	Name:	Phone:		
Please list any food allergies and/or health limitations:					

2 VOLUNTEER DETAILS

1. Please list previous work or volunteer experiences with young people, length of time and age of child(ren) (i.e. Church, Community, etc.): _____

2. What kind of volunteer work are you most interested in performing? _____

3. Select the age group(s) you prefer to work with (select all that applies):

10-11 yrs old 12-14 yrs old 15-18 yrs old Parents/Guardians ALL

4. Select your Motivation(s) for Mentoring:

I have an interest in teaching I know a mentor I am a Parent/Have a child
 I see a need for mentors Someone asked me to be a mentor Religion/Faith
 I belong to a group/organization that is participating in the program Other: _____

3 PROGRAM SIGNATURES

- Confidentiality Statement - In normal course of my volunteer/mentor assignment and responsibilities, I understand that I may have access to or view information regarding participants/students. With regard to all such information, I agree that knowledge and information of a confidential nature, gained through my involvement with T.I.P. may not be used, distributed or discussed outside of my volunteer responsibilities. I understand, and agree, that I will be discharged, should I violate T.I.P.'s standard of strict confidentiality.
- In consideration of being accepted as a volunteer for T.I.P., and with knowledge that I will be working, directly and indirectly, in a volunteer capacity for T.I.P. involving various duties, I recognize fully that my presence and activity as a volunteer may involve some element of risk.
- I understand that as a volunteer I am in no sense an employee of T.I.P., and that I possess no rights under T.I.P. Further, I understand that I am not entitled to benefits or worker's compensation benefits from T.I.P., which may accrue to its employees. I further understand that I am not entitled to any vested rights to which an employee of T.I.P. may be entitled.
- I acknowledge and understand that I am only to perform such functions as specifically directed by T.I.P.
- I grant T.I.P. the right to take photographs of me during T.I.P. events. I agree that T.I.P. may use such photographs of me, with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.
- I hereby certify that the aforementioned statements are true and correct to the best of my knowledge. I hereby grant the agency permission to verify such answers. I understand that any false statement on this application may be considered as sufficient cause for rejection of this application or for immediate suspension of the practical or volunteer experience.

I have read and understand the above:

Print Name
Signature
Date