



VOLUNTEER APPLICATION

Personal Information

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (Primary) _____ (Alternate) _____

E-mail: _____

Education and Training

Highest Level of Education Completed _____

Are you currently employed? Yes () No ()

If so, name of current employer _____

Title _____ Length of Employment _____

Other Information

Are you required to complete hours for a class or community service? Yes () No ()

If so, how many hours do you need to complete? _____ By what date? _____

What days and hours are you available to volunteer? _____

Have you ever been convicted of a crime? If yes, please explain. (Conviction is not an automatic disqualification for volunteer work.)

Volunteer Opportunities

In what area(s) are you interested in volunteering?

Spanish Lake Farm Food Pantry Clerical Poverty Simulations Other (Please specify.)

NOTICE:

CAASTLC is a smoke-free environment. Smoking is prohibited on all CAASTLC-owned and leased premises and property.

CAASTLC is a drug- and alcohol-free environment. The unlawful use, possession, purchase, sale, distribution, or being under the influence of any illegal drug and/or the misuse of legal drugs while on Agency premises or while performing volunteer services for the Agency is strictly prohibited.

CAASTLC takes a zero-tolerance position regarding actual or threatened violence on its premises, or when directed toward a CAASTLC staff member, customer, volunteer, visitor, or other individuals associated with the Agency, on or off premises.

CAASTLC prohibits the possession of weapons on its property at all times, including our parking lots or CAASTLC vehicles. Examples of prohibited weapons include, but are not limited to: firearms (handguns, rifles, pellet guns, and similar devices), knives and other instruments capable of inflicting a heavy blow (nightsticks, clubs and similar devices), explosive devices (bombs, grenades, and similar devices), and any other devices whose primary purpose is to inflict bodily harm. Any volunteer violating this policy will be escorted from the premises.

For the purposes of this policy, the term “Agency premises” or “Agency property” includes all property owned, leased, used or under the control of the Agency, including but not limited to all Agency owned, leased or managed facilities, offices, parking areas, land, buildings, structures, all work locations, vehicles, and equipment.

Employees, customers, volunteers, visitors, or other individuals associated with the Agency are required to allow the Agency to inspect Agency property. They are also required to allow inspection of their belongings and vehicles if the Agency believes it is necessary to enforce this policy.

We are committed to a safe and productive environment for our customers, volunteers and staff.

I affirm that the information provided in this application is true and complete to the best of my knowledge. I understand that if I am accepted as a volunteer, I will be required to provide satisfactory proof of identity. I represent and warrant that I have read and fully understand the foregoing.

Signature

Date

CAASTLC

Community Action Agency of St. Louis County, Inc.

VOLUNTEER WAIVER AND RELEASE

I hereby waive and release Community Action Agency of St. Louis County, Inc. (“CAASTLC”) and their officials, employees, agents and insurers from any claim, loss or liability for death, personal injury, or loss or damage to personal property arising out of my volunteering, unless arising out of CAASTLC’s intentional wrongful acts. I agree to fully indemnify, defend and hold harmless CAASTLC and their officials, employees, agents and insurers from any claim or loss or liability made against CAASTLC and their officials, employees, agents or insurers for death, personal injury, or loss or damage to personal property arising out of my volunteering, unless arising out of CAASTLC’s intentional wrongful act. This waiver and release shall be governed by Missouri law.

I affirm my agreement to all of the above terms.

Printed Name

Signature

Date

If Volunteer is under age 18, the parent or legal guardian agrees to the foregoing.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

CAASTLC

Community Action Agency of St. Louis County, Inc.

VOLUNTEER PHOTOGRAPH, VIDEO AND SOUND RECORDING CONSENT AND RELEASE FORM

I hereby authorize Community Action Agency of St. Louis County, Inc. ("CAASTLC") to take and use photographs, video or sound recordings of myself and/or my minor children under the age of 18 stated below for any CAASTLC purpose, including but not limited to, publications (periodicals, reports, books, brochures, etc.), video and/or audio productions, advertising and/or promotional materials or other media (electronic media, social media, etc.) in perpetuity. I understand that neither I nor anyone else in my family will receive compensation from CAASTLC for such photograph(s), video or sound recordings or use of the same; and all such photograph(s), video or sound recordings shall be the sole and exclusive property of CAASTLC.

I release CAASTLC from any and all liability that may arise in connection with such use.

Signature

Date

If Volunteer is under age 18, list names of minor children below.

Printed Names of Minor Children

Printed Names of Minor Children

Printed Names of Parent or Guardian

Parent/Guardian Signature

Date

CAASTLC

Community Action Agency of St. Louis County, Inc.

Volunteer Emergency Contact Information

Volunteer Name: _____

Address: _____

Telephone (Primary): _____ (Alternate): _____

In case of emergency, contact:

Primary Contact

Name: _____

Relationship: _____

Telephone (Primary): _____

Telephone (Alternate): _____

Secondary Contact

Name: _____

Relationship: _____

Telephone (Primary): _____

Telephone (Secondary): _____

Preferred hospital: _____

Signature

Date