



Volunteer Form



Thank you for your interest in MILITARY MISSIONS IN ACTION. The information you provide will help us place you in a volunteer position which best suits your interests & skills, as well as the needs of our organization.

Contact Information

Name	
Street Address	
City State Zip Code	
Home Phone	
Cellular Phone	
E-Mail Address	
Age	

Affiliation

Are you volunteering as a result of court-ordered community service? <input type="checkbox"/> Yes <input type="checkbox"/> No
How many court-ordered community service hours are needed?
To be completed by when:
For what offense?
Are you volunteering for community service for any other reason? <input type="checkbox"/> Yes <input type="checkbox"/> No
What organization prompted your volunteering? (i.e. school, service club, or place of employment)
Are you a student? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when do you expect to graduate and from what school?

Areas of Interests

Please indicate which of the following areas you are interested in volunteering. You may also indicate what area-specific tasks you are interested in.

- | | |
|---|---|
| <input type="checkbox"/> Building Site | <input type="checkbox"/> Site Lunch Provider |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Mailings |
| <input type="checkbox"/> Computer Work | <input type="checkbox"/> Office/Administrative Work |
| <input type="checkbox"/> Construction | <input type="checkbox"/> Photographer |
| <input type="checkbox"/> Crew Leader | <input type="checkbox"/> Project Manager |
| <input type="checkbox"/> Donation Pick-Up | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Family Support | <input type="checkbox"/> Receptionist |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Site Host |
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Other: | |

Availability

Are you interested in volunteering on a consistent basis? Yes No Possibility

Please indicate the days and times you prefer to volunteer below.

Monday
 am pm
 Tuesday
 am pm
 Wednesday
 am pm

Thursday
 am pm
 Friday
 am pm
 Saturday
 am pm

Construction

Are there any construction areas you have experience working in? Yes No

If yes, please list areas of experience:

Comments

Thank you for your interest in Military Missions in Action. Please understand that it is not logistically possible to accommodate all volunteers in terms of their interests and availability. Please contact the Volunteer Coordinator, Mendy Rausch at 919-552-1603, Monday through Friday, to schedule volunteer time.

Name (printed):	
Signature:	
Date:	

Emergency Medical Information

Volunteer Name:	
Emergency Contact Name:	
Relationship:	
Address:	
Cellular Phone:	
Home Phone:	
Work Phone:	
E-Mail Address:	

Release and Waiver of Liability

Please read carefully - This is a legal document that affects your legal rights.

This release and Waiver of Liability (the "Release") is executed on this Release and Waiver of Liability (the "Release") is executed on this ____ day of _____, 20____, by _____ in favor of Military Missions in Action. The volunteer desires to work as a volunteer for MILITARY MISSIONS IN ACTION and to engage in the activities related to being a volunteer.

The volunteer understands that the activities may include constructing and rehabilitating residential buildings, and working in the MILITARY MISSIONS IN ACTION offices. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

1. Waiver and Release. Volunteer does hereby release and forever discharge and hold harmless MILITARY MISSIONS IN ACTION and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from volunteer's work for MILITARY MISSIONS IN ACTION.

Volunteer understands and acknowledges that this Release discharges MILITARY MISSIONS IN ACTION from any liability or claim that the volunteer may have against MILITARY MISSIONS IN ACTION with respect to any bodily injury, personal injury, illness, and death or property damage that may result from volunteer's work for MILITARY MISSIONS IN ACTION, whether caused by the negligence of MILITARY MISSIONS IN ACTION or its officers, directors, employees, agents, volunteers, or otherwise. Volunteer also understands that, except as otherwise agreed to by MILITARY MISSIONS IN ACTION in writing, MILITARY MISSIONS IN ACTION does not assume any responsibility for, or obligation to, provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury or illness.

2. Medical Treatment. Except as otherwise agreed to by MILITARY MISSIONS IN ACTION in writing, volunteer does hereby release and forever discharge and hold harmless MILITARY MISSIONS IN ACTION and its successors and assigns from any and all liability or claims which arise or may hereafter arise on account of any first aid, treatment, or service rendered in connection with volunteer's work for MILITARY MISSIONS IN ACTION.

3. Assumption of Risk. The volunteer understands that the work for MILITARY MISSIONS IN ACTION may include activities that may be hazardous to the volunteer, including, but not limited to, construction, loading and unloading, and transportation to and from work sites. The volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases MILITARY MISSIONS IN ACTION from all liability for injury, illness, death or property damage resulting from the activities the volunteer performs on behalf of MILITARY MISSIONS IN ACTION. The volunteer has read, understood and agrees to abide by MILITARY MISSIONS IN ACTION's Safety Guidelines.

4. Insurance. The volunteer understands that, except as otherwise agreed to by MILITARY MISSIONS IN ACTION in writing; MILITARY MISSIONS IN ACTION does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

5. Photographic Release. Volunteer does hereby grant and convey unto MILITARY MISSIONS IN ACTION all rights, title, and interest in any and all photographic images and video or audio recordings made by MILITARY MISSIONS IN ACTION during the volunteer's work for MILITARY MISSIONS IN ACTION, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Name (printed):
Signature:
Date:
Parent or Guardian (if under 18 years of age):