

A. APPLICATION INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

Do you have a valid Michigan's Driver's License? Yes No *Please submit a copy with your application*

What are your areas of volunteer interest?

- Resource Closet
- Resource Delivery/Pick-up
- Event Support
- Skills Training
- Office Support
- Client Transportation
- Financial Resource/Donation
- Employer Mentor
- Other _____

Have you ever been convicted of a misdemeanor or felony? Yes No

If yes, please explain: _____

Are there any criminal charges pending against you? Yes No

If yes, please explain: _____

B. CONSENT FOR BACKGROUND INVESTIGATION

As a prospective volunteer of The New Foster Care, I understand that it is this agency's policy to conduct backgroundchecks on any individuals who will be interacting with participants or their families.

Name: _____
(First) (Middle) (Last)

D.O.B: _____ Race: _____ Gender: _____

Previous Names: _____

Driver's License #: _____

Previous States in which I have resided and date of residence: _____

I authorize The New Foster Care to utilize the above information for the sole purpose of conducting a criminaland central registry check for the purposes of certifying me to volunteer for the organization.

Signature

Date

C. RELEVANT LICENSES, CERTIFICATIONS, REGISTRATIONS, OR TRAINING

[If not applicable, please write N/A]

License (& field) Certification (& field) Registration (& field)

Other special skills or training related to the opportunity for which you are applying

D. EMERGENCY CONTACT & REFERENCES

Name: _____ Phone: _____

Address: _____ Relationship: _____

By checking "Yes" below, you acknowledge that The New Foster Care is authorized to contact the applicant's emergency contact if deemed desirable or needed by the TNFC. **YES**

References: please fill out one or both below, as applicable.

(1) Personal or Professional Reference:

Name: _____

Company/Organization: _____ Phone: _____

Relationship: _____

(2) Personal or Professional Reference:

Name: _____

Company/Organization: _____ Phone: _____

Relationship: _____

E. ACKNOWLEDGEMENT

I hereby agree and confirm that I have read and signed the attached RELEASE OF LIABILITY AND PUBLICITY RIGHTS and I am waiving all current or future claims against The New Foster Care.

I certify that the facts contained in the application are true and complete to the best of my knowledge.

I further understand that any false statements or omissions on this application or attachments shall be considered a crime under local and applicable law.

Signature

Date

Please email to: change@TheNewFosterCare.org OR mail to: The New Foster Care, 1615 S. Telegraph, Bloomfield Hills, Michigan, 48302

RELEASE OF LIABILITY and PUBLICITY RIGHTS

In return for being allowed to participate in The New Foster Care volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue The New Foster Care or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates (the "Organization") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the Organization are not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Organization for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the Organization have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the Organization.

I also hereby grant to the Organization, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

Signature of Volunteer**Date**

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

Signature of Parent/Legal Guardian if Volunteer is Under 18**Date**

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.