



The Pinkney Foundation
306 12th Street
Oakland, CA 94607
(510) 510-367-3001

VOLUNTEER APPLICATION

Name: _____

Volunteer Site _____ Volunteer Program: _____

Phone Number: (_____) _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

CATEGORY OF ASSIGNMENT THAT YOU WOULD LIKE

- Special Project (i.e. one day events, community clean-up projects, etc.) Long Term (how long?) _____ On-Call (available same day/next day)

Availability: Dates _____ to _____ Days of Week (circle all that apply): M Tu W Th F Sat Sun

Hours per week: _____ Time of Day (circle all that apply): Morning / Afternoon / Evening

VOLUNTEER SKILLS AND INTERESTS

- | | | |
|---|--|--|
| <input type="checkbox"/> Golf Instructor | <input type="checkbox"/> Financial Literacy | <input type="checkbox"/> Youth Mentor |
| <input type="checkbox"/> Golf Fitness Instructor | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Literacy |
| <input type="checkbox"/> Golf Tournament Set Up | <input type="checkbox"/> Studio Recording | <input type="checkbox"/> Music Production |
| <input type="checkbox"/> Golf Tournament Tear Down | <input type="checkbox"/> Filming | <input type="checkbox"/> Video Editing |
| <input type="checkbox"/> Golf Registration | <input type="checkbox"/> Online Social Media | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Golf Tournament Hole Monitor | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Legal Council |
| <input type="checkbox"/> Golf Tournament Rules Official | <input type="checkbox"/> Finances/Taxes | <input type="checkbox"/> Class B Van Driving |
| <input type="checkbox"/> Program Ambassador | <input type="checkbox"/> Job Training | <input type="checkbox"/> STEM Education |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other | |
- _____

(Please complete other side)

PREVIOUS VOLUNTEER EXPERIENCE/REFERENCES

Resume enclosed

DATES WORKED/VOLUNTEERED From Mo. / Yr. to Mo. / Yr.:	EMPLOYER/BUSINESS/AGENCY NAME	VOLUNTEER POSITION	
HOURS PER Wk.	ADDRESS, CITY, STATE	NAME OF SUPERVISOR	SUPERVISOR PHONE NO.
DUTIES			

DATES WORKED/VOLUNTEERED From Mo. / Yr. to Mo. / Yr.:	EMPLOYER/BUSINESS/AGENCY NAME	VOLUNTEER POSITION	
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DUTIES			

DATES WORKED/VOLUNTEERED From Mo. / Yr. to Mo. / Yr.:	EMPLOYER/BUSINESS/AGENCY NAME	VOLUNTEER POSITION	
HOURS PER Wk.	ADDRESS, CITY, STATE	NAME OF SUPERVISOR	SUPERVISOR PHONE NO.
DUTIES			

List any foreign language(s) you speak. Indicate Fluent or Conversational: _____

List any names by which you have been known or have used: _____

Have you ever been convicted of a felony? YES NO

EMERGENCY CONTACT INFORMATION

Please list the name, address and phone number of a person who can be contacted in case of emergency:

Name: _____ Relationship: _____

Mobile Phone No: (_____) _____ Email: _____

Address: _____ City: _____ State: _____ Zip: _____

CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true, and I agree and understand that misstatements or omissions of any material will subject me to disqualification.

Signature: _____ Date: _____

Signature of parent (if volunteer is under 18 years of age): _____

FOR OFFICE USE ONLY	
<u>Site Director</u>	<u>Internal</u>
Interviewer's Name _____	Date Received _____
Date Interviewed _____	Date Cleared Background _____
Site Directors Signature _____	Approved By _____
<input type="checkbox"/> A good fit, please process volunteer. <input type="checkbox"/> Not a good fit for my site.	

VOLUNTEER WAIVER, RELEASE, AND INDEMNITY AGREEMENT

Between

The Pinkney Foundation

and

(hereinafter "the volunteer")

This document sets forth the responsibilities and understandings of the volunteer and of The Pinkney Foundation regarding volunteer's participation in volunteer programs partially or wholly coordinated by The Pinkney Foundation.

The volunteer and The Pinkney Foundation agree as follows:

1. The volunteer performs the service of the volunteer's own free will, without promise, expectation, or receipt of remuneration. The volunteer is not an employee or agent of The Pinkney Foundation for any purpose and the volunteer's services are not controlled nor mandated by The Pinkney Foundation.
2. If the volunteer is under the age of 18, the volunteer may only participate in volunteer service with the express written consent of the volunteer's parent or guardian.
3. The volunteer understands and agrees that it is possible that the volunteer may be injured or otherwise harmed during volunteer service due to accidents, acts of nature, the volunteer's negligent or intentional acts, or the negligent or intentional acts of others; that while The Pinkney Foundation has taken some steps to reduce the chances of injuries or harm to the volunteer, that The Pinkney Foundation has no control over most risks, and, thus, cannot and does not guarantee nor take any responsibility for the safety of the volunteer or the volunteer's property while the volunteer is engaged in volunteer service; and that the volunteer must take full responsibility for himself or herself and assume the risk of harm or damage while serving by taking all necessary and reasonable precautions and acting in a manner that will help protect himself or herself and his or her property.
4. The volunteer agrees to waive and release The Pinkney Foundation from any and all potential claims for injury, illness, damage, or death which the volunteer may have against The Pinkney Foundation that might arise out of the volunteer's service and to hold The Pinkney Foundation harmless there from.
5. The volunteer agrees and understands that injuries or losses to others, such as co-workers or the person(s) being helped, may occur as a result of the volunteer's negligent or intentional acts during volunteer service, and that to avoid such harm, the volunteer must exercise care and act responsibly in serving others.
6. If any injury or loss to another does occur due to the volunteer's intentional actions or due to volunteer's negligent actions arising outside of the scope of the volunteer's activities, the volunteer must accept the liability for and repair, or make reparations for, the harm done.
7. The Pinkney Foundation is not providing the volunteer with insurance coverage for any injuries, conditions, or losses to the volunteer arising out of volunteer activities, except that The Pinkney Foundation does provide liability insurance coverage on all The Pinkney Foundation vehicles used during service projects.
8. The volunteer must maintain his or her own primary medical insurance and the volunteer's own automobile liability insurance when driving a non The Pinkney Foundation vehicle to cover potential medical and other costs related to the volunteer service; and the volunteer is also encouraged to maintain property and life insurance coverage while serving as a volunteer.

9. All costs for injury or loss above the coverage provided by the volunteer's insurance are the volunteer's personal responsibility.
10. In projects where the volunteer will be transporting others in a non The Pinkney Foundation owned vehicle, the volunteer may be required to provide proof of automobile insurance in order to participate.
11. Since volunteers are not The Pinkney Foundation employees, The Pinkney Foundation does not provide worker's compensation coverage for injuries or illnesses to the volunteer arising out of volunteer activities.

By signing below, the parties confirm that they have read, understand, and consent to the terms of this waiver agreement.

Volunteer

Printed Name

Date

The Pinkney Foundation Representative
Signature

Printed Name

Date