

THE MIDNIGHT MISSION VOLUNTEER INTEREST SHEET

(PLEASE PRINT LEGIBLY)

LAST NAME		FIRST NAME	M.I.	IF UNDER 18 D.O.B. _/_/
HOME/MAILING ADDRESS		CITY	STATE	ZIP CODE
DAY PHONE NUMBER	EVENING PHONE NUMBER		E-MAIL (OPTIONAL)	

EMPLOYER / GROUP AFFILIATION			
EMPLOYER / GROUP ADDRESS	CITY	STATE	ZIP CODE

HAVE YOU VOLUNTEERED AT THE MIDNIGHT MISSION BEFORE?

☐ YES ☐ NO

IF YES, WHEN WAS THE LAST TIME YOU VOLUNTEERED? MONTH _____ YEAR _____

WOULD YOU BE INTERESTED IN VOLUNTEERING ON A REGULAR BASIS?

☐ YES ☐ NO

IF YES, WHAT IS YOUR SCHEDULE OF AVAILABILITY TO VOLUNTEER?

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

WHAT AREAS WOULD YOU LIKE TO VOLUNTEER IN?

☐ CLERICAL ☐ DATA ENTRY ☐ TELESOLICITATION ☐ TUTORING ☐ OTHER _____

DO YOU HAVE ANY SPECIAL SKILLS THAT COULD BE OF USE TO THE MIDNIGHT MISSION?

☐ C.P.A. ☐ COUNSELING ☐ TEACHING CREDENTIALS ☐ WEB DESIGN ☐ DATABASE ENTRY

☐ DEGREES (PLEASE LIST) _____

PLEASE LIST ANY MEDICAL CONDITIONS THAT MIGHT LIMIT YOUR ACTIVITIES AS A VOLUNTEER OR THAT COULD CREATE A POTENTIAL RISK:

FOR OFFICE USE ONLY:	Gro <input type="checkbox"/>	Ind <input type="checkbox"/>	F.S. <input type="checkbox"/>	Cle <input type="checkbox"/>	M.K. <input type="checkbox"/>	Lib <input type="checkbox"/>	E.C. <input type="checkbox"/>	Hol <input type="checkbox"/>	S.E. <input type="checkbox"/>
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Agreement and Release From Liability



1. Voluntary Participation. I, _____ (*please print name*), acknowledge that I have voluntarily applied to participate in this activity organized for the purpose of helping those in need .
2. Assumption of Risk. I am aware that some of the activities that I may be involved in at or on behalf of The Midnight Mission may present certain unforeseen hazards. I further acknowledge that I will utilize protective equipment and observe necessary precautions if I am required to perform any physical tasks such as lifting, bending, kneeling, etc. Despite any risks associated with my volunteer duties performed on behalf of The Midnight Mission, I am voluntarily participating in these activities with full knowledge of any dangers involved, and agree to accept any and all risks of injury or death, and verify this statement with my signature below.
3. Release. As consideration for being permitted to participate in Midnight Mission-related activities and use related facilities, I agree that I, my assignees, heir, distributes, guardians, and legal representatives will not make a claim against, sue, or attach property on account of injury or damage resulting from negligence or other acts, in whatsoever manner caused, by any employee, or agent, as a result of my participation in this volunteer program. I hereby release The Midnight Mission, its officers, agents or assignees from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in this volunteer program.
4. Knowing and Voluntary Execution. I have carefully read this Agreement and Release From Liability and fully understand its contents. I am aware that this is a release of liability and sign it of my own free will.

Signature: _____
(Volunteer or Guardian)

Date: _____

Mission Rep: _____
Print Name:

Date: _____

Emergency Contact Information

(PLEASE PRINT LEGIBLY)

Name: _____

Relationship: _____

Telephone Number: _____

Alternate Number (Optional): _____