



Park Place  
Child Life Center

## Volunteer Application

Please return completed application, background check authorization,  
and reference letter (if required) *five business days* prior to your  
first scheduled volunteer shift

Name: (last) \_\_\_\_\_ (first) \_\_\_\_\_

DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ Gender (circle one): Male Female

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Email Address: *(please print clearly)* \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

In Case of Emergency, Contact (name and phone #): \_\_\_\_\_

In which program do you wish to participate (please check all that apply and list typical availability):

- After-school Days/Hours Available: \_\_\_\_\_
- Saturday Hours Available: \_\_\_\_\_
- Other (please explain): \_\_\_\_\_

**Briefly describe your reasons for wanting to participate as a volunteer with this organization:**

**References:** List two (including at least one non-family member) with complete address and phone number. **\*\* Students under 18 must also attach a teacher's letter of recommendation \*\***

1. \_\_\_\_\_

2. \_\_\_\_\_

"I verify that all information given by me in this application is true. I agree to fill out the required form for background check authorization. By my signature below, I authorize inquiry with regard to my character of any and all persons, and agree to hold such persons harmless with respect to any information they may give."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Minor, Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed application to: Park Place Child Life Center**

*Park Place Child Life Center is a 501(c)(3) non-profit, equal opportunity organization. It does not discriminate on the basis of race, nationality, ethnic origin, sex, or religious belief in any of its policies or programs.*

**PLACE CHILD LIFE CENTER  
BACKGROUND CHECK RELEASE FORM**



Thank you for your willingness to serve Park Place Child Life Center in its work with children and youth. In accordance with PPCLC's Protection Policy, this form must be completed by anyone who is involved in the ministry to minors in any program affiliated with PPCLC.

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FULL NAME

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OTHER NAMES WHICH YOU HAVE USED (nickname, maiden name, etc.)

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SOCIAL SECURITY NUMBER

BIRTH DATE (MM/DD/YY)

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STREET ADDRESS

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CITY, STATE AND ZIP CODE

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HOME PHONE NUMBER

WORK PHONE NUMBER

I have no convictions for child abuse or expunction of such convictions. I authorize Park Place Child Life Center to request any record of charges or convictions that are contained in any federal, local or state criminal file concerning me for crimes committed against minors. I release all law enforcement agencies from any liability that may result from any such disclosure made in response to this request.

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SIGNATURE (parent or guardian if minor)

DATE

## Volunteer Liability Waiver

We greatly appreciate your commitment to giving back to our community. By completing this form you agree to release PPCLC of all liability while serving as a volunteer. The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

### Release and Waiver:

Volunteer does hereby release and forever discharge and hold harmless PPCLC 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 activities with PPCLC. Volunteer understands that this Release discharges PPCLC from any liability or claim that the Volunteer may have against PPCLC with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the volunteer's activities with PPCLC, whether caused by the negligence of PPCLC or otherwise. Volunteer also understands that the PPCLC 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.

### Medical Treatment:

Volunteer does hereby release and forever discharge PPCLC from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the volunteer's activities.

### Assumption of Risk:

The Volunteer understands that their activities will include interaction with minor children and that PPCLC assumes no responsibility for any harm inflicted upon the Volunteer while working with children. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and releases PPCLC from all liability for injury, illness, death, or property damage resulting from the activities.

### Insurance:

The Volunteer understands that PPCLC does not carry or maintain health, medical, or disability insurance for any Volunteer.

### Other:

Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Virginia and that this Release shall be governed by and interpreted in accordance with the laws of the State of Virginia. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year written below. *If Volunteer is under the age of 18 a parent or legal guardian must sign.*

Full Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ (SEE REVERSE & SIGN, PLEASE)

## PHOTOGRAPHY RELEASE STATEMENT

I give Park Place Child Life Center the irrevocable and unrestricted right to use and publish photographs or videos of myself, or photographs and videos in which I may be included, for organization publications, electronic reproductions (web sites) and/or promotional and publicity materials, or any other purpose and in any manner or medium. In addition, I give my permission to alter the photographs/videos without restriction, and to copyright the photographs/videos. I hereby release the photographer and Park Place Child Life Center from all claims and liability relating to these photographs. Failure to return form assumes consent is given.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## POLICY AGREEMENT

I certify that I have read and understand the Confidentiality Policy, the Child Protection Policy, and all other policies written in the PPCLC Associate Manual. I have had an opportunity to address any questions about any items in the Manual. By signing below I am agreeing to adhere to these policies.

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date