

Transformation Today
Empower, Educate and Evangelize
Volunteer Application

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

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone (____) - ____ - _____ Email Address: _____

Work Phone (____)- ____ - _____ Date of Birth ____/____/____

Health Information

Please list any disabilities, restrictions, food allergies, and/or medications:

Please list any other physical limitations that you may have:

Emergency Contact Information

Name _____ Address _____

(Close friend or family member we can contact in case of an emergency)

City _____ State _____ Zip Code _____

Phone Number _____ Email _____

Insurance Company _____

Policy Number _____ Insurance Company Phone Number _____

Clinic / Hospital of Choice _____

Personal Information

Please describe any skills or experience that you might possibly contribute to this ministry:

Conviction Record

For the protection of those we serve we may require a background check. Please supply the following information:

Driver's License # _____ State _____

Please read this section carefully before answering. Have you ever been convicted, pleaded guilty or no contest to a crime? Yes _____ No _____

If yes, complete the following section:

Note: A criminal conviction record does not necessarily disqualify applicants from volunteer participation. Transformation Today will examine the nature of the conviction record and subsequent rehabilitation, when determining how the applicant may best serve the community.

Assumption of Risk and Release

In consideration of being permitted to participate in or assisting in the Transformation Today program, on behalf of myself, or a

minor child or ward, heir, next of kin, personal representative, successor or assign;

(1) I ACKNOWLEDGE, UNDERSTAND AND DECLARE THAT:

(a) To the best of my knowledge, I am in GOOD PHYSICAL CONDITION and have no disease or injury that

would be aggravated by participating in activities related to Transformation Today;

(b) Participating in activities associated with Transformation Today may involve RISK OF INJURY TO ME,

INCLUDING DEATH, EMOTIONAL TRAUMA, and LOSS OR DAMAGE TO ME OR MY PROPERTY.

(c) There may be OTHER RISKS not known or not reasonably foreseeable: and Understanding All of the Above,

(2) I ASSUME ALL OF THE ABOVE RISKS AND RELEASE, WAIVE, DISCHARGE, HOLD HARMLESS, INDEMNIFY AND COVENANT NOT TO SUE:

Transformation Today and/or other affiliated partners, other volunteers, and sponsors FROM ANY AND ALL

LIABILITY FOR INJURY, INCLUDING DEATH, EMOTIONAL TRAUMA, AND LOSS OR DAMAGE TO ME OR MY PROPERTY, OR ANY OTHER CONSEQUENCE in connection with my participation with "Transformation Today".

(3) I CONSENT TO:

(a) or in the case of a minor, a parent or guardian, ALLOW my PHOTOGRAPH, PICTURE or LIKENESS and/or VOICE to be used for Transformation Today materials

(b) or in the case of a minor, a parent or guardian, ALL EMERGENCY MEDICAL TREATMENT as may be deemed appropriate under existing circumstances by medical personal.

(4) I TESTIFY THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name of Volunteer (print) Signature of Volunteer Date

Parent/Guardian Signature (for minors)

Date:

Charge:

Date of Conviction:

State and county of conviction:

Length of Sentence:

Date of Probation/Parole: