



switchpoint™

948 N. 1300 W. St. George, UT 84770
Phone: 435-627-4663

VOLUNTEER APPLICATION (GROUP)

CONTACT INFORMATION:

| | | | | | |
|--------------------------------|--|-------|--------------|------------|--|
| School or Group Name | | | | | |
| Contact Name | | | Date | | |
| Address | | | | Suite/Unit | |
| City | | State | | Zip Code | |
| Total # of people volunteering | | | Cell Phone | | |
| Email | | | Phone Number | | |

AVAILABILITY:

| | | | |
|--|--|-------------------------------------|-----------------------------------|
| Weekdays: | <input type="checkbox"/> Mornings | <input type="checkbox"/> Afternoons | <input type="checkbox"/> Evenings |
| Weekends: | <input type="checkbox"/> Saturday | <input type="checkbox"/> Sunday | |
| How often would you like to volunteer with Switchpoint? | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Special Events <input type="checkbox"/> Whenever needed | | |
| | How many hours would you like to volunteer? | | |
| | <input type="checkbox"/> Please contact me to discuss our availability. | | |

I, the undersigned volunteer ["Volunteer"] of Switchpoint agree and understand that the purpose of Switchpoint is to provide services to homeless and those in need.

I agree and understand that the guests served by Switchpoint have many diverse needs and conditions, which may include mental, emotional, physical, and social maladjustments. I hereby release Switchpoint and its directors, staff, and agents from any and all claims, responsibility, liability, or causes of action, for any injury, loss, or damage that I may incur in connection with my volunteer activities at Switchpoint.

I further understand that, as a volunteer of Switchpoint, any and all information pertaining to guests is strictly confidential. Due to the privacy and protection of our guests, I understand that photography and/or videography is not allowed. I agree to hold in confidence any information about clients and donors, which comes to my knowledge during my association with Switchpoint.

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I understand and acknowledge that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer. Upon acceptance as volunteers, my family or group agrees to serve under the leadership, guidance, and procedures of Switchpoint for the duration of my volunteer service.

AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I grant permission to Switchpoint and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by Switchpoint.

I hereby agree to release, defend, and hold harmless Switchpoint and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution.

Finally, I understand I am the Family/Group Representative and by signing this waiver, I am signing for all mentioned parties. I will communicate the above mentioned standards to all group members and take responsibility for each group member's compliance with these standards.

Printed Name: _____

Signature of School or Group Representative: _____

Date: _____