



FOR OFFICE USE ONLY
Level 1 ___ Level 2 ___

OPBI, Inc. Application for Volunteer Service

Thank you for considering The Ophelia Project and The Boys Initiative—Tampa Bay (OPBI, Inc.) as a place to donate your time and talents. Volunteers are vital to the success of the many programs we offer. Without you, we would not be able to meet the growing needs of the youth, families, and adults who live in our communities. We thank you for your cooperation in this effort and your interest in our organization. If you have any questions regarding this application process, please contact a representative.

GENERAL APPLICATION INSTRUCTIONS

Please print clearly and legibly in blue or black ink. All questions must be answered factually and completely—mark "N/A" for any question that does not pertain to you. Do not leave any questions blank.

Date of Application: _____ Social Security Number: _____

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

Parent/Guardian Name (if Applicant is under 18): _____

Address: _____
(Street) (City) (State) (Zip)

How long have you been at this address? _____

E-Mail Address: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Emergency Contact Information (please list someone outside of your home):

Name: _____ Relationship to Applicant: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: (____) _____ - _____ Work Phone: (____) _____ - _____

Volunteer Position Applying For: _____

Gender: Male Female Date of Birth ____/____/____

How did you learn about volunteer opportunities with The Ophelia Project / The Boys Initiative? _____

Why would you like to volunteer? _____

Have you heard about any particular volunteer opportunities that interest you? _____

Are there any particular skills, talents, or interests you would like to share? _____

Employment History (Please list your current or most recent employer):

Name of Company/Organization: _____

Address: _____
(Street) (City) (State) (Zip)

Name and Title of Immediate Supervisor: _____ Phone Number: (____) _____ - _____

References: (For the safety of our participants, staff, and volunteers, we complete at least 2 reference checks on every program volunteer. References may include supervisors, co-workers, teachers, or other community members. Please do not list relatives or household members.)

1. Name: _____ Relationship to Applicant: _____
Phone Number: _____ E-Mail: _____

2. Name: _____ Relationship to Applicant: _____
Phone Number: _____ E-Mail: _____

Background Screening Release:

I hereby certify that the information provided relative to the background screening process and on the volunteer application is true and accurate and subject to verification by OPBI, Inc. I understand that the information contained on this application will be used by OPBI, Inc. to conduct a background investigation, which will include a criminal background investigation/screening. I authorize the schools, persons, previous employers, agencies, and other organizations named in the volunteer application and screening forms to provide OPBI, Inc. (its authorized employees, agents or representatives) with any relevant information that may be required to arrive at a volunteer decision and hereby release any such schools, persons, employers, agencies and organization from any and all liability, which they might otherwise incur as a result. I understand that any misrepresentation or omission of facts on these forms may be justification for refusal of or dismissal from volunteer services. I will comply with all rules and regulations as set forth in OPBI, Inc.'s policy manual or other communications distributed to volunteers. I understand that I must complete the volunteer application, background screening authorization, and any relevant training prior to performing volunteer services for OPBI, Inc.

I have read the above statement and accept the same as condition of my volunteer services with OPBI, Inc.

Applicant Signature: _____ Date: _____

Printed Name of Applicant: _____

Signature of Parent/Guardian (if Applicant is under 18): _____

Assumption of Risk:

I have read the Assumption of Risk _____ Applicant Initials _____ Parent/Guardian Initials

The volunteer understands that community service activities may include work that may be hazardous to the volunteer. The volunteer hereby expressly and specifically assumes the risk of injury or harm, or loss or damage to property arising from participation in the activities. If the volunteer requires accommodations for special needs or disabilities, the volunteer must contact OPBI, Inc., whereby OPBI, Inc. on a case by case basis, will review the accommodation request.

Authorization for Emergency Medical Treatment:

I have read the Authorization for Emergency Medical Treatment _____ Applicant Initials _____ Parent/Guardian Initials

If I should become ill or injured during a volunteer activity, I understand that OPBI, Inc. will contact the person I have designated. Should OPBI, Inc. be unable to contact the person designated as the Emergency Contact, they are authorized to arrange for immediate emergency treatment necessary to ensure my health and safety. I accept responsibility for payment of medical services rendered.

Photo Release:

I have read the Photo Release _____ Applicant Initials _____ Parent/Guardian Initials

I grant permission to OPBI, Inc. to use photographs and videotapes taken of me for publication.

Voluntary Release of OPBI, Inc. from Liability:

I am an adult over 18 years of age and I wish to participate in OPBI, Inc. volunteer activities, or give my child/ward named as the participant above permission to participate in OPBI, Inc. volunteer activities. I understand that even when every reasonable precaution is taken, accidents can sometimes still happen. Therefore, in exchange for OPBI, Inc. allowing me to participate in OPBI, Inc. volunteer activities, I understand and expressly acknowledge that I release OPBI, Inc., its Board of Directors, and its staff members from all liability for any injury, loss or damage connected in any way whatsoever to my participation in OPBI, Inc. volunteer activities, whether on or off OPBI, Inc. premises. I understand that this release includes any claims based on negligence, action or inaction of OPBI, Inc., its staff, directors, members, participants and guests.

I HAVE READ, UNDERSTOOD, AND AM VOLUNTARILY AGREEING TO AND SIGNING THIS AUTHORIZATION AND RELEASE.

Printed Name of Applicant

Staff Initial

Signature of Applicant

Date

Signature of Parent (if Applicant is under 18)

Date