



## Volunteer Application Form

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application! The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

**IMPORTANT NOTE:** Please be advised that a minimum of 6-months is required for any role/position that you will be taking on and that a 14-day notice and/or an immediate replacement is required for special positions when planning to vacate a position at Trauma Speaks. If you have found a replacement, please notify the Board and they will proceed with the process. Please note that until the replacement is guaranteed, the 14-day notice is still necessary.

Thank you for your interest in our organization!

**Name:** \_\_\_\_\_

**Preferred Name:** \_\_\_\_\_

**Preferred Pronouns:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Specialized Skills:**

**Do you have any specialized skills that might benefit this Organization and if so, what role would you see yourself in within Trauma Speaks?**

---

---

---



**Interests: Please tell us in which areas you are interested in volunteering**

- Administration (i.e HR; admin. assistant, project coordination/management)
  - Social Media (i.e social media management, content creator)
  - Events (i.e planning, organizing, marketing)
  - Program (i.e business/finance/marketing/public relations)
  - Fundraising (i.e donation, crowdsourcing)
  - Community Outreach (i.e recruitment, collaborations)
  - Other (please specify):
- 

**Please indicate days available:**

- |                                   |                                  |                                    |
|-----------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Monday   | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Wednesday |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> Friday  | <input type="checkbox"/> Saturday  |
| <input type="checkbox"/> Sunday   |                                  |                                    |

**No. of hours you can commit per week (max: 20 hrs - unpaid/PT):** \_\_\_\_\_

**Times available:** From \_\_\_\_\_ to \_\_\_\_\_

**Any physical limitations?** \_\_\_\_\_



*Consent form for Minors*

I, \_\_\_\_\_, being the Parent or Legal Guardian of \_\_\_\_\_ (The Minor), hereby consent to and authorize the Minor to act as a volunteer for Trauma Speaks. I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by Trauma Speaks and that failure to do so may result in the Minor's immediate removal as a volunteer. I am aware of the nature of the activities to be performed by the Minor as a volunteer. These activities will include, but are not limited to the duties listed on the Volunteer Form. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

On behalf of myself, the Minor, and our respective heirs and personal representatives, I agree to indemnify and hold Trauma Speaks and all of its officers, employees, representatives and volunteers free and harmless from and against all claims, damages, losses and expenses, including attorney fees, that my minor child may sustain while participating in the volunteer activity.

I hereby release and discharge Trauma Speaks and all of its officers, employees, representatives and volunteers from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

I have carefully read this agreement, waiver and release and fully understand its contents. I am aware that this is a release of liability and a contract between Trauma Speaks and myself and I sign it of my own free will.

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



We encourage and appreciate the efforts of volunteers under the age of 18. Before a child begins volunteering, however, we require consent from the parent(s) or legal guardian(s). To consent, please read and sign the form below. Thank you, and don't hesitate to contact us with questions. **If a child has more than one parent or guardian, both parents/guardians must fill out and sign this form**

**Parent/Legal Guardian Signature:**

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form, and understand in signing this form, I am releasing all legal rights and remedies.

**Name of Parent/Legal Guardian:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Parent/Legal Guardian:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_



***Emergency Contact information***

**Preferred Name and Pronouns:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Primary Emergency Contact Name and Pronouns:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Secondary Emergency Contact Name and Pronouns:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_