

ADULT VOLUNTEER APPLICATION



Contact Information			
Name	First	MI	Last
Street Address			
City		State	Zip
Home Phone	Work Phone	Cell Phone	
E-Mail Address			

Availability		
During which hours are you available for volunteer assignments?		
<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekday evenings
<input type="checkbox"/> Weekend mornings	<input type="checkbox"/> Weekend afternoons	<input type="checkbox"/> Weekend evenings

Interests		
Tell us in which areas you are interested in volunteering		
<input type="checkbox"/> Administration	<input type="checkbox"/> Afternoon Program	<input type="checkbox"/> Cooking
<input type="checkbox"/> Special Events	<input type="checkbox"/> Summer Program	<input type="checkbox"/> Cleaning
<input type="checkbox"/> Committees	<input type="checkbox"/> Share my Talent	<input type="checkbox"/> Maintenance
<input type="checkbox"/> Mailings	<input type="checkbox"/> Fundraising Dinner	<input type="checkbox"/> Lawn Mowing
<input type="checkbox"/> Running Errands	<input type="checkbox"/> ROCK Wall	<input type="checkbox"/> Snowplowing
<input type="checkbox"/> Friday Night Club ROCK	<input type="checkbox"/> ROCK Wall Transportation	<input type="checkbox"/> Other _____

Special Skills or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including crafts, hobbies, sports or other talents.

Previous Volunteer Experience
Summarize your previous volunteer experience.

VOLUNTEER APPLICATION FORM - ADULT

Place of Employment	
Employer	
Position	
Street Address	
City	State Zip
Phone	

Church Affiliation	
Name of Church	Denomination
Street Address	
City	State Zip
Phone	
Name of Pastor	

Person to Notify in Case of Emergency	
Name	Relationship
Street Address	
City	State Zip
Home Phone	Work Phone Cell Phone
E-Mail Address	

References (Please do not use relatives or ROCK employees. References must 21 yrs. & older)	
Name _____	Phone: _____ Relationship _____
Address: _____	Street City St Zip
Name _____	Phone: _____ Relationship _____
Address: _____	Street City St Zip
Name _____	Phone: _____ Relationship _____
Address: _____	Street City St Zip

VOLUNTEER APPLICATION FORM - ADULT

As a willing ROCK volunteer and I agree to:			
I am committed to choices and a life style that are both Godly and "above reproach", knowing that my life style is a model for the youth.	<input type="checkbox"/>	I will remain conscious of the growing needs of our youth center and will encourage other adults to consider their potential involvement.	<input type="checkbox"/>
Because I am making a significant commitment and my presence is important, I agree to be consistent and timely to the programs I commit myself to. I also agree to communicate with staff if I will be absent.			<input type="checkbox"/>

Non-Discrimination Policy
The ROCK Youth Center is an equal opportunity organization. We comply with all applicable laws regarding equal opportunities for qualified applicants, vendors and consumers. It is against our policy to discriminate against any person or persons working in or utilizing our facility, or in regards to admission, treatment, or participation in programs, services and activities or employment, on the basis of race, religion, national origin, color, sex, age, disability or any other basis prohibited by federal, state or local law.

Criminal Background Check
I understand that due to the nature of the ROCK Youth Center that I am agreeing to a criminal background check. <input type="checkbox"/> Yes
Driver's License Number: _____ State Issued: _____
Date of Birth: _____ Other Legal Name(s): _____
Have you ever been charged with child abuse, neglect or any crime of a violent or sexual nature? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain:

Agreement and Signature
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.
Name (printed) _____
Signature _____
Date _____

ROCK USE ONLY:
Application Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Application Disapproved: _____ Reason: _____

THE ROCK YOUTH CENTER
PO Box 2143
2300 E. Gordonville Rd.
Midland, MI 48640
989-835-2542
www.rockyouthcenter.net



**ROCK YOUTH CENTER,
ROCK CLIMBING WALL LIABILITY RELEASE
AUTHORIZATION FOR PUBLICITY RELEASE**

RELEASE OF LIABILITY STATEMENT – ROCK YOUTH CENTER

Participants and their parents understand that involvement at the ROCK Youth Center may entail risk of injury or harm to the Participant and agree that risk is fully assumed by the Participants and/or their parents. In addition, Participants agree to hold the ROCK Youth Center harmless for, from and against any and all liability, damages and claims of any kind, known and unknown, which may be connected with, result from, or arise out of participating in activities at the ROCK Youth Center. This includes, but is not limited to, Claims involving economic loss, illness or medical condition, accidental injury or death.

RELEASE OF LIABILITY STATEMENT – ROCK CLIMBING WALL

In consideration of being permitted to climb the “Rock Climbing Wall” presented by Rock Youth Center, on behalf of myself, my personal representatives, heirs, and assigns, I hereby release and discharge the Rock Youth Center, and their volunteers or employees from any and all claims for property damage and/or personal injury or death resulting from my attempt to climb or descend the Rock Climbing Wall. This release covers the negligent use, maintenance, construction, or design of the Rock Climbing Wall, and the negligent supervision of my use of the Rock Climbing Wall. I am aware of the inherent risks of climbing the wall, which include, but are not limited to, injury and death from: myself ascending or falling, others ascending or falling, and equipment malfunctioning or breaking. I freely assume these risks and any other risks that are inherent to the activity. If the climber is under 16 years old, the parent signing below agrees to indemnify the Rock Youth Center, its volunteers, or employees concerning any claim made by the climber. The signature(s) below certifies that I (we) have read and understand the terms of this waiver, as well as the climbing safety instructions below. The climber agrees to follow the climbing instructions, including those instructions covered during the climber briefing.

AUTHORIZATION FOR PUBLICITY RELEASE

Participants at the ROCK Youth Center understand and agree that being at the ROCK and at ROCK Events may result in publicity, whether or not the ROCK actively takes steps to publicize the event. However, to the extent the ROCK has control over the matter, students, volunteers, etc. are asked to read and sign the following Publicity Authorization:

Participants authorize the ROCK to publicize the event and to use participant’s names and likenesses and other information about the participants whether embodied in photographs, videotapes, recordings or any other format (collectively, “Information”), for purposes of promotion, publication, commercial advertising or any other purpose whatsoever, now or at any time in the future. Participants understand and agree that the ROCK Youth Center may use any such information: (1) in all manner and media whatsoever, whether now or hereafter invented, including electronic and print media and the Internet; (2) with or without participant’s names (first names only); (3) without the payment of royalties or other compensation to anyone; and (4) without the need to notify them or seek further approval before doing so.

Participants acknowledge reading and understanding this ROCK Liability Release, ROCK Wall Liability Release and Publicity Release. Participants agree that this form fully and accurately expresses their understanding and that it has not been modified orally or in writing.

Date:

Last Name

First Name

MI

Signature:

Address:

City:

State:

Zip:

Phone:

e-mail address:

CLIMBER BRIEFING / RULES

1. The weight range for persons climbing the wall is 40 to 250 lbs.
2. Parental consent and signature required if climber is under age 16. (Proof of age may be requested by Climbing Wall personnel.)
3. Climbers will stay within the respective climbing lane.
4. No swinging from side to side.
5. No stepping on the belay cable.
6. No climbing if cable does not retract.
7. Communications with climbing coach only. No distractions allowed.
8. When rappelling, keep the kick-off distance to a maximum of three (3) feet from the Wall.
9. No climbing without shoes or shoes without toe protection (i.e. no sandals, flip-flops, etc.)
10. DO NOT climb beyond wall top. The climber must never climb higher than top of his/her head level with the top of wall.
11. DO NOT sit and bounce on the belay cable when finished rappelling. Rappel to your feet.