

Outreach Team Application

Contact Information		
Name (first, middle, last):		
Date of Birth://		
Race: American Indian/Alaskan native	Asian or Pacific Islander Black V	Vhite Other:
Mailing Address:		
City, State, & Zip:		
Contact Number:		
E-Mail Address:		
I consent to U.N.I.T.Y. conducting ba	ckground check on me	
Availability		
During which hours are you availa	ble for volunteer assignments?	
Weekday mornings	Weekday afternoons	Weekday evenings
Weekend mornings	Weekend afternoons	Weekend evenings
Interests		
Tell us in which areas you are inter	rested in volunteering	
Administration	Community Service	Coaching
How can you be an asset to U.N.I.T	.Y.?	

All volunteers must:

- Meet with Founder/CEO to understand organization's goals
- · Commit to working to improve after school programs and community service
- Agree to get a DHS & Police Clearance (coaching positions only)
- Follow rules and regulations of U.N.I.T.Y.
- · Keep commitment to agreed volunteer time

The more time you volunteer with U.N.I.T.Y, the more incentives you earn with us.

- 5 to 15 hours volunteered = Certificate
- 16 to 30 hours volunteered = Certificate and Gift Card
- 31 to 49 hours volunteered = Certificate, Gift Card, & T-Shirt
- 50 or more hours volunteered = Plaque, Gift Card, & T-Shirt

Waiver for Outreach Team

l,, hereby voluntarily, agree to this Outreach Team waiver under the following
terms:
I, the Volunteer, release and hold harmless U.N.I.T.Y. and its successors from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with U.N.I.T.Y.
I understand that this Waiver discharges U.N.I.T.Y. from any liability or claim that I, the Volunteer, may have against U.N.I.T.Y. with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on U.N.I.T.Y's work site. I also fully understand that U.N.I.T.Y. does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury, illness, death or property damage.
I, the Volunteer, understand that I waive any such claim for compensation or liability on the part of U.N.I.T.Y. beyond what may be offered freely by the representative of U.N.I.T.Y. in the event of such injury or medical expense.
I hereby release U.N.I.T.Y from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with the organization.
I understand that my time with U.N.I.T.Y. may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release U.N.I.T.Y from all liability for injury, illness, death, or property damage resulting from the activities of my time with U.N.I.T.Y.
I grant unto U.N.I.T.Y all rights, title, and interest in any and all photographic images, video, or audio recordings that are made by U.N.I.T.Y. during my work with U.N.I.T.Y, including, but not limit.
Person to Notify in Case of Emergency
Name
Phone
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.
Signature & Date
Our Policy
It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin,

Thank you for completing this application form and for your interest in volunteering with us.

gender, sexual preference, age, or disability.