



Jeremiah Castille Foundation

Volunteer Application

Please print clearly and fill out the application in its entirety

Contact Information

Name: _____

Address: _____

Phone/Fax/Cell: _____

Please indicate area code

Email: _____

Male Female Date of Birth: _____ T-Shirt Size: _____

\$5.00 fee payable when received

Employer: _____ Position: _____

Work Address: _____

Volunteer Information

Why are you interested in volunteering with Jeremiah Castille Foundation? _____

How did you hear about Jeremiah Castille Foundation? _____

Post Office Box 7697
Spanish Fort, AL 36577-7697

Post Office Box 382514
Birmingham, AL 35238-2514

(251) 621-3375 office
(251) 626-1443 fax

info@castillefoundation.org
www.castillefoundation.org

What talents, hobbies, experience, and area of interest or training do you have that will assist you while volunteering for Jeremiah Castille Foundation? _____

Please list any languages that you speak, read and/or write fluently, in addition to English.

Have you volunteered for other organizations? ___Yes ___No (if you checked yes, please continue)

Organization Name: _____ Contact Person: _____

Describe volunteer service. _____

Organization Name: _____ Contact Person: _____

Describe volunteer service below: _____

References

Name	Relationship	Time known	Phone number
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Name	Relationship	Time known	Phone number
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Name	Relationship	Time known	Phone number
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Release for Publication

Please initial below

While volunteering for Jeremiah Castille Foundation there may be occasions when you may be photographed and/or videotaped by staff, sponsors, corporate representatives, media and others. We request permission for your participation. By initialing below, you may choose to grant or deny Jeremiah Castille Foundation permission to use photographs or videotape in media and/or marketing methods utilized by the foundation. By granting permission you hereby release and hold harmless Jeremiah Castille Foundation from any claims, judgments or demands which may arise from the use of the above referenced photographs and/or videotapes.

_____ YES, I give permission _____ NO, I deny consent

Release of Claims

I, _____ (*print your name*) in consideration of participation in volunteer activities I, for myself, heirs, executors, and administrators, hereby personally, release, indemnify, save and hold harmless, acquit, forever discharge and waive any claims or causes of action which I may now or hereafter have against Jeremiah Castille Foundation and other participating agencies, all corporate sponsors and collaborators, and their respective subsidiaries and affiliates and any and all of their officers, directors, trustees, agents, servants, associates, employees, representatives, shareholders, beneficiaries, successors, and assigns, of all liabilities, claims, actions, damages, costs, or expenses which they or I may now or hereafter have arising out of or in any way connected with participation in Jeremiah Castille Foundation including, but not limited to, travel to or from volunteer opportunities and injuries which may be suffered before, during, or after volunteering. I understand that this waiver includes any claims based on negligence, action, or inaction of the above parties. I understand that I am assuming the risk for all activities in which I participate.

Emergency Contact

Name	Relationship	Phone Number
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Permission to Administer Treatment

I hereby give permission to Jeremiah Castille on-site staff to seek emergency medical treatment.

Signature

The below signature indicates my agreement with the information contained within this application. If 18 and under, parent or guardian must also sign this application.

Applicant's Signature

Date

Parent or Guardian (*if applicable*)

Date

Office Use Only

Date Received _____ Date Contacted _____ T-Shirt Paid _____

Orientation (*if applicable*) _____ Background Check (*if applicable*) _____

Volunteer Opportunities: _____