

## Volunteer Application/Contract

### CONTACT INFORMATION

Individual Volunteer  Coming with a Business/Organization: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Preferred Name: \_\_\_\_\_ Age: \_\_\_\_\_  Male  Female

Email address: \_\_\_\_\_ T-shirt Size:  S  M  L  XL  2XL  3XL

On-Site Cell Phone Number: \_\_\_\_\_ \*May we text you on site:  Y  N

### HISTORY

District events volunteered (please state when and where): \_\_\_\_\_

Responsibilities:

Certificate Booth  Door Monitor  Information Booth  MESS User  Room Moderator  Runner  Security  Sound  Other: \_\_\_\_\_

National Youth Conventions Volunteered:

2011 Phoenix, AZ  2012 Louisville, KY  2013 Orlando, FL  2014 Columbus, OH  2015 Orlando, FL  2016 Louisville, KY  Other: \_\_\_\_\_

Responsibilities:

Certificate Booth  Door Monitor  Information Booth  Tally Room  Room Monitor  Runner  Security  Sound  Other: \_\_\_\_\_

Additional Abilities and Experience: \_\_\_\_\_

Do you use tobacco?  YES  NO

Do you drink alcoholic beverages?  YES  NO

Do you use illegal drugs?  YES  NO

Have you ever been convicted of a crime as an adult?  YES  NO

If Yes please explain (attach a separate page if necessary): \_\_\_\_\_

Do you have any allergies or food intolerances: \_\_\_\_\_

### GROUP/LEADER INFORMATION (IF YOU ARE COMING WITH A GROUP)

Business/Organization: \_\_\_\_\_

Leader's Name: \_\_\_\_\_

Leader's Email: \_\_\_\_\_

Leader's Address: \_\_\_\_\_

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

Leader's Phone Number: \_\_\_\_\_ Emergency Number: \_\_\_\_\_

Leader's Name (additional): \_\_\_\_\_

Leader's Email (additional): \_\_\_\_\_

### PASTORAL RECOMMENDATION

In evaluating the fitness and suitability of each volunteer applicant for the National Youth Convention and Fine Arts Festival there is a reliance on the opinion of those who know the applicant best. Therefore, we are asking the applicant's senior pastor, or other pastoral staff member (choose the one who knows the applicant best) to certify below that there are no facts or allegations that raise any question concerning the applicant's fitness and suitability for working with minors. We also are requesting that the senior pastor, or other pastoral staff member, certify that a background check was performed on the applicant by the applicant's church, if this is the case.

I am personally acquainted with the applicant, and in my opinion, he or she is competent and qualified to work with minors of any age. I know of no facts or allegations that raise any questions concerning his or her suitability for working with minors in any activity.

Our Church performed a background check on the applicant that included references and a criminal records check. There was no information suggesting that the applicant poses a risk of harm to minors.

I prefer to discuss my response by telephone. I can be reached at the following telephone number during the day. \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title and Print Name: \_\_\_\_\_

Church or Organization: \_\_\_\_\_

# ANAHEIM17

VOLUNTEER PACKET

WWW.FAF.AG.ORG - WWW.YOUTH.AG.ORG

## MEDICAL RELEASE

Emergency contact \_\_\_\_\_ Phone number \_\_\_\_\_  
First & Last Name & Relationship #####

\*Authorized on-site representative \_\_\_\_\_ Phone number \_\_\_\_\_  
First & Last Name & Relationship ##### Must be accessible on-site during the Festival

I, the Volunteer named above assume full liability of hazard and risk for myself during Anaheim17. I give permission for hospital or emergency medical staff to administer any necessary treatment to me should I become sick or injured during Louisville16. I accept full responsibility to communicate any medications or medical conditions to appropriate medical staff. I understand and agree that neither the National Youth Ministries of the Assemblies of God, nor the General Council of the Assemblies of God, or any of their affiliated entities or individuals, directors, officers, employees, agents, volunteers or any other representatives thereof shall incur any financial responsibility of liability whatsoever, for any such injury or damage resulting from my service participation at Louisville16 however caused, whether due to negligence or any other acts of any person.

\*If the emergency contact is not present on-site, it is the Volunteer's responsibility to designate an on-site adult representative to act in case of emergency. Representatives are responsible to have Volunteer medical records or knowledge thereof. Designated representatives must carry authorized consent in writing.

## MODEL RELEASE

For good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I hereby grant to The General Council of the Assemblies of God, of Springfield, Missouri, the absolute and unqualified right and permission to copyright (in its own name or otherwise), reproduce, publish, distribute and otherwise use or exploit, photographs, motion pictures and other audiovisual works (including works recorded in digital media) of me or in which I may be included whether taken in a studio or elsewhere, alone or in conjunction with other persons or characters, in any part of the world, and to make similar uses of any reproductions of my voice. This authorization and consent includes any use of such photographs, motion pictures, audiovisual works or voice reproductions without regard to any distortion, alteration, or retouching whether intentional or otherwise. The use and exploitation hereunder may be in any medium now or hereafter known or developed for illustration, promotion, advertising, trade or any other purpose whatsoever, whether accompanied by printed matter or otherwise.

I hereby waive any opportunity or right which I may have to inspect or approve the finished photographs, films, tapes, or digital data, the use to which they may be put, any copy, photographs, illustrations or other material used in connection therewith or the final product in which they may be used or incorporated.

I hereby waive, release and discharge from any claim, demand, action or suit which I may have or which may be derived through me for libel, defamation, invasion of privacy or any violation of any right to publicity or any other right which I may have arising out of the publication or use of such photographs, motion pictures, audiovisual works and voice reproductions.

I hereby warrant that I have the full right and authority to execute this Release; that I have read and understand the above Release; that I am executing this Release as my own free act and deed; and that this Release shall be binding upon me, my heirs, legal representatives and assigns.

I DO NOT WISH TO CONSENT TO A MODEL RELEASE

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CONTRACT

I realize that while I am at Anaheim17, I am representing the General Council of the Assemblies of God and will conduct myself in an appropriate manner.

In consideration of my being selected as a volunteer at Anaheim17 I hereby accept any and all risks to my person (including death) or damage to property. I understand and agree that neither the National Youth Ministries of the Assemblies of God, nor the General Council of the Assemblies of God, or any of their affiliated entities or individuals, directors, officers, employees, agents, volunteers or any other representatives thereof shall incur any financial responsibility of liability whatsoever, for any such injury or damage resulting from my service at Anaheim17 however caused, whether due to negligence or any other acts of any person.

Accordingly, I hereby waive and release each of the foregoing individuals and entities from all actions, claims or demands that I, my family, my heirs and my acquaintances may have for injury to person (including death) or damage to property, suffered or incurred at this Youth Ministries event and all related activities.

I have read this agreement carefully and fully understand its content. I am aware that this is a release of liability and sign it of my own free will.

MUST BE 18 YEARS OR OLDER TO VOLUNTEER. WITNESS MUST BE 18 YEARS OR OLDER.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(YOU MUST PRINT THIS FORM TO SIGN. ELECTRONIC SIGNATURES ARE NOT ACCEPTED!)

Print/Type Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_