



Volunteer Form

Thank you for your interest in becoming a volunteer at Island Girl Power. At IGP, we help young ladies and their families to lead healthy lifestyles. Our volunteer program is designed for people 15 years and up that are dedicated to the same mission!

Basic Information

Today's Date: _____

Name: _____

Gender: _____ Date of Birth: _____ Ethnicity: _____

Street Address: _____ Village: _____

Mailing Address (if different from above): _____

City: _____ State: _____ Zip: _____

Primary Phone #: _____ Secondary Phone #: _____

Email: _____ School/Work: _____

Reason for volunteering: Please check the *primary* reason below

- | | | |
|--|--|---|
| <input type="checkbox"/> Court Community Service | <input type="checkbox"/> Community Volunteer | <input type="checkbox"/> CWEP |
| <input type="checkbox"/> GHURA | <input type="checkbox"/> Military | <input type="checkbox"/> Service Learning |
| <input type="checkbox"/> Other: _____ | | |

Areas of interest: Please check *all that apply* below

- | | | |
|--|---|---|
| <input type="checkbox"/> Clubhouse | <input type="checkbox"/> Community Gardens | <input type="checkbox"/> Events and Fundraisers |
| <input type="checkbox"/> Parks Projects | <input type="checkbox"/> Promotions/Marketing | <input type="checkbox"/> Thrift Store |
| <input type="checkbox"/> Workshops and Trainings | <input type="checkbox"/> Other: _____ | |

Waiver of Liability and Media and Criminal Background Consents:

The undersigned hereby waives and surrenders all claims and actions against the Ayuda Foundation and/or Island Girl Power, its officers, directors, employees, or agents for injury or damage to person, **their child(ren)**, or property arising out of participation in Island Girl Power events, programs, activities, classes, projects or **use of the facility**.

Additionally, by signing below, you hereby agree and consent to the use of your picture or image taken on site or during IGP sponsored events, programs, activities, classes, or projects, or that of your child(ren), by IGP for promotional and/or educational purposes.

Have you ever been convicted of a felony or criminal sexual conduct? Yes No

By signing below, you hereby agree and consent to staff verifying, prior to you volunteering, that you are not listed on any sexual offender registry. Please note, we may request for you to provide a Police Clearance prior to volunteering.

Volunteer Signature or Parent/Guardian, if under 18 Parent Contact #, if under 18 Date

FOR OFFICIAL USE ONLY

Site: _____ Tour Date: _____ Entered into Database: _____