

CITC Volunteer Application and Release

Please submit this form if you would like to be notified of volunteer opportunities at CITC, CSELC, ANJC and GOTNV and to be eligible to provide volunteer services.

Volunteer Information			
Name:		* Birthdate:	
Mailing Address:			
Phone Number(s):		Email:	

Common Understandings
<ul style="list-style-type: none">• I understand that I am not an employee of CITC. I will NOT receive any compensation from CITC for my volunteer work. CITC will NOT provide reimbursement for any other expenses or costs related to this activity.• CITC will provide a short orientation on the Code of Conduct, behavior expectations, and privacy requirements.• CITC must provide a safe environment to its Participants. Volunteers must be within a CITC employee's sight at all times when with Participants.• CITC reserves the right to refuse or to end the volunteer service of any individual.• CITC strives to be a welcoming place, free of discrimination and harassment and free of drugs and alcohol.

Liability Release:
I fully understand and acknowledge that: (1) risks and dangers may exist during my volunteer activities; (2) I will be engaging in activities that may pose a risk of injury or illness; and (3) that I am responsible for following posted warnings and instructions provided by CITC staff. With these understandings, I hereby assume all risks and responsibly associated with my volunteer activities and release from liability all CITC, CSELC, ANJC, or GOTNV employees, directors, agents, and officers.

Photo Release/Information Sharing:
The Volunteer grants CITC and its agents and assigns permission to use the Volunteer's likeness in photograph, film, or other digital reproduction in any and all publications and media, including social media, without payment or any other consideration or additional approval or consent for this use.

Signatures

Volunteer:

Date:

If the Volunteer is a minor child, parent/legal guardian consent is required and the child must be accompanied by a parent, legal guardian, or other responsible adult at the volunteer activity.

Parent/Legal Guardian Name:

Signature:

Date:

Please list any other Responsible Adults who may accompany your child to a volunteer activity: