



TwispWorks Volunteer Application

Date: _____

Name _____

Address _____

City _____ State _____ Zip _____

Mailing Address _____

City _____ State _____ Zip _____

Phone(H) _____ (W) _____ (C) _____

Email Address _____

Emergency Contact

Name _____ Relationship _____

Number _____ Email: _____

Secondary Emergency Contact

Name _____ Relationship _____

Number _____ Email: _____

Circle all that apply

I am available to volunteer Mon-Friday Weekends Days Evenings

List any special skills that you have _____

DOB: _____

Are you under 18 years of age? Yes No

- If yes, then you must also have a Parent/Guardian sign this application. If you are under 18 years of age, then a Parent/Guardian must also accompany you while you volunteer.

Volunteer Agreement & Release

I understand and agree that submitting this application form does not automatically register me as a TwispWorks Volunteer. There may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, to become an official volunteer.

As a volunteer, I agree to:

- To arrive promptly for my volunteer shift, to complete the shift and not to bring pets.
- Inform the volunteer coordinator ahead of time if a friend will accompany me.
- Wear a name tag, volunteer t-shirt and appropriate attire, as defined in the Volunteer Handbook, at all times when I am TwispWorks
- Read all communications from the Volunteer Coordinator, including the Volunteer Handbook and attend a Volunteer Orientation.
- Communicate with the Volunteer Coordinator about any concerns that I have about my volunteer work. I will report any injury or unsafe condition I may observe or experience while volunteering.
- Refer all questions to a staff member and will follow all safety rules and procedures.
- That my picture, including video or live broadcast, may be taken during the course of my volunteer work. I give permission for TwispWorks to utilize any pictures or video taken for use in advertising or promotion to the public.
- Conduct myself in a responsible and professional manner, and to fully represent TwispWorks policies when interacting with the public and deferring to a staff member if I ever encounter questions I cannot answer.
- Keep confidential information about the Partners, staff or volunteers I may come to learn in the course of my duties as a volunteer.
- Understand TwispWorks reserves the right to release me from my volunteer activities at any time.

Signature of Applicant Today's Date

Signature of Parent/Guardian Today's Date (Required if Applicant is a Minor)
(Required if Applicant is a Minor)

Printed Name of Parent/Guardian

Please sign the attached Waiver of Liability and Hold Harmless agreement. Thank you!