



ADULT VOLUNTEER APPLICATION

PLEASE PRINT ALL INFORMATION

I would like to volunteer at: Clearwater Store (please check one) 1059 N Hercules Ave (727) 441-5050 St. Pete Store 2168 34th St S Tampa Store 5011-H W Hillsborough Ave (813) 616-6430

Application Date: _____

Contact Information:

Last Name	First	Middle	Date of Birth
Home Address		City	State Zip
Mailing Address (if different from above)		City	State Zip
Home Phone	Cell Phone	Email	

Volunteer Interests (Check All That Apply)

Sorting Clothes	Receptionist	Shopper Services
Restocking Displays	Grant Research/Writing	Clothing Donation Pick-Ups
General Office Work	Marketing/PR	Fundraising / Special Events
Data Entry/Computer Work	Laundry	Other

Availability

Day	AM	PM	Evening	Seasonal
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Language Skills: (Including sign language) (Rate fluency level 1-5, with 5 being highest):

Spoken: _____ Written: _____

Emergency Contact Information:

Name of Contact: _____ Relationship: _____

Address: _____

Phone: () _____ Alternate Phone: () _____

VOLUNTEER ACKNOWLEDGEMENT (Please sign your initials next to each statement)

- ___ I acknowledge that I have read the contents of the Clothes To Kids Volunteer Handbook and agree to comply with the policies and procedures contained within.
- ___ I agree to maintain CONFIDENTIALITY of all shopper information.
- ___ I agree to give Clothes To Kids, Inc. permission to inquire into my references.
- ___ I grant Clothes To Kids, Inc. permission to conduct my background check to include: Pinellas and Hillsborough Counties criminal records check AND a national sex offenders database check. *(This will require a copy of your driver's license.)* Clothes To Kids adheres to the National Child Protection Act for Volunteer Background Checks.
- ___ I understand that Clothes To Kids, Inc. may revise, rescind, or modify any portion of the handbook at any time and that I shall be bound by such change.
- ___ I understand I may not remove any merchandise from the Clothes To Kids store.
- ___ I give permission for photographs of me to be used in Clothes To Kids publications and on the Clothes To Kids social media platforms and website.
- ___ **RELEASE AND WAIVER OF LIABILITY:** I understand that there are certain risks associated with my acting as a volunteer that could result in physical injuries. I also understand that Clothes To Kids, Inc. does not have liability insurance coverage for volunteers (bodily injury) as it is excluded from Clothes To Kids liability insurance coverage. Knowing these facts, I expressly waive and release Clothes To Kids, and its officers and board members individually, from all claims for compensation or liability of any kind arising out of my participation as a volunteer, including, without limitation, for any injuries or illness, disability, loss or damages that I may suffer during my volunteer work.

Volunteer Signature

Date

REFERENCES:

Name Title/Relationship Phone

Name Title/Relationship Phone