

The Good Spirit Foundation's Volunteer Application



Name: _____ Age: _____

Address _____ Phone: _____

Do you have any children attending camp? _____

Special Skills: _____

Please circle any area you could serve in:

- | | | | | |
|--------------|-------------|-----------|---------|----------|
| Construction | Drawing | Crafts | Cooking | Cleaning |
| Counseling | Bible Study | Music | Animals | Insects |
| Gardening | Archery | Mechanics | Knots | Games |

Days and times you are available to volunteer:

Volunteer Release

Volunteer Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

This agreement executed this ____ day of _____, 20____, by _____, hereinafter called the "Releaser".

Now, therefore, in consideration of the Good Spirit Foundation, Inc. agreeing to accept me as a volunteer in its programs, which I support and acknowledge, the releaser agrees ad follows:

1. The Releaser hereby fully releases and discharges the Good Spirit Foundation, Inc. and its volunteers from all rights, claims, and actions which he/she Have against the Good Spirit Foundation.

2. This release is intended by the parties to release all claims for injuries, damages, or losses to Releaser or his/her person and property, real or personal, whether known, unknown, foreseen, unforeseen, patent or latent, which the Releaser may have or may acquire against the Good Spirit Foundation. The Releaser understands and acknowledges the significance and consequence of such specific intention to release all claims, and hereby assumes full responsibility for any injuries, damages, or losses that he/she may incur from entry into the Good Spirit Foundation's program.

3. This release is freely and voluntarily executed by the undersigned after having been appraised of all relevant information and data furnished by the Foundation. The Releaser has read the contents of this release and understands the consequences of same.

4. In the event of an injury the Releaser hereby grants permission for Good Spirit Foundation or its representative(s) to proceed directly to an Emergency Room for Medical treatment. Releaser will be responsible for the costs as per paragraph 2.

In witness whereof, the parties hereto have hereunto set their hands and seals the day and year first written above.

Releaser _____ Witness _____

DISCLOSURE

As part of the volunteer process, The Good Spirit Foundation, Inc., will obtain a consumer report (known as an investigative consumer report in California), which I understand *may include* information regarding my credit worthiness, credit standing, credit capacity, **character, general reputation, personal characteristics**, or mode of living. If your report shows any offense that is above a misdemeanor or is related to violence, drugs, or children the following will occur: You will be notified, at which time you may withdraw from volunteering at the Good Spirit Foundation or you may request a review by the Good Spirit Foundation Board of Trustees.

AUTHORIZATION

During the application process and at any time during the tenure of my employment with the Company, I hereby authorize ChoicePoint WorkPlace Solutions Inc., on behalf of The Company to procure a consumer report (known as an investigative consumer report in California) which I understand *may include* information regarding my credit worthiness, credit standing, credit capacity, **character, general reputation, personal characteristics**, or mode of living. This report may be compiled with information from credit bureaus, courts record repositories, departments of motor vehicles, past or present employers and educational institutions, governmental occupational licensing or registration entities, business or personal references, and any other source required to verify information that I have voluntarily supplied. I understand that I may request a complete and accurate disclosure of the nature and scope of the background verification, to the extent such investigation includes information bearing on my character, general reputation, personal characteristics or mode of living.

_____ Printed Volunteer Name	_____ Volunteer Signature	_____ Date
_____ Maiden Name*	_____ Nickname / Alias*	_____ Home Phone*
_____-_____-_____ Social Security Number *	_____ Date of Birth *	_____ <u>Male / Female</u> Sex*
_____ Home Address*	_____ City*	_____ Zip*

*For Identification Purposes Only

CA, MN & Oklahoma Residents please note: In connection with your application for employment, your consumer report may be obtained and reviewed. Under California, Minnesota and Oklahoma law, you have a right to receive a free copy of your consumer report by checking the appropriate box below.

___ YES, I am a California resident and would like a free copy of my investigative consumer report.

___ YES, I am a Minnesota resident and would like a free copy of my consumer report.

___ YES, I am an Oklahoma resident and would like a free copy of my consumer report.

CA Residents please note: In connection with your application for employment, your credit report may be obtained and reviewed. Under California law, if your credit report is ordered, you have a right to receive a free copy of your credit report by checking the appropriate box below. (Your credit report will be mailed to you either by the relevant credit bureau or the consumer reporting agency above.) Please note that if you elect to receive the entire investigative consumer report, this will include your credit report, if one was ordered.

___ YES, I am a California resident and would like a free copy of my credit report.

Printed Name _____
Street Address _____
City, State, Zip _____

Employer please note: If a Minnesota or Oklahoma consumer checks "YES" regarding the consumer report, or if a California consumer checks "YES" regarding the credit report (and you do request a credit report), please fax this form to your ChoicePoint service center. If consumer checks "YES" regarding the full consumer report, and consumer resides in California, you will need to provide the individual with a copy of their consumer report. Account Number: _____