



LEADING THE WAY, ITS IN OUR DNA!

All contact information is confidential. We do not disclose any information to other organizations or individuals.

Today's Date: \_\_\_\_\_

Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

If you are under the age of 17 please completed the below section.

\*Parent/Guardian Name: \_\_\_\_\_

Emergency Contact

What is the best way to contact you:

- Home Phone Work Phone Cell Phone E-Mail

Emergency Contact

Name : \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Availability

When are you available to volunteer? (Please check when you are available)

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
Morning Afternoon Evening

(504) 218-2607 ext. 701 Phone (504) 218-2607 Fax

www.exciteallstars.org www.facebook.com/exciteallstars Instagram: excite\_all\_stars

Are you a student volunteering to fulfill a certain amount of community service hours?  Yes  No

Name of School: \_\_\_\_\_

Number of hours needed: \_\_\_\_\_

Deadline to complete required hours: \_\_\_\_\_

## Interests / Qualifications

Tell us in which areas you are interested in volunteering

- Advocacy
- Clerical
- Community Services  Computer/Technical
- Data Entry
- Events
- Food Drives
- Food Sorting & Stocking
- Fundraising
- Kids Division
- Mailings
- Off-Site Opportunities

Fluent in a language other than English? \_\_\_\_\_

Skills/Qualifications: \_\_\_\_\_

Physical/Medical Limitations: \_\_\_\_\_

## Family Information

If additional family members who might be interested in volunteering, please fill out the following. Please provide last name if different from your own.

Name & Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_\*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_\*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name & Relationship: \_\_\_\_\_ Birthdate: \_\_\_\_\_\*

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



**\*All adults 18 & older must sign a consent waiver & release of liability agreement.**

### **Volunteer Agreement**

In signing this liability waiver, I certify that I am a willing participant in the Excite! All Stars program. I agree to work according to instructions I receive. I agree to behave in a responsible manner. I agree to perform only work that I feel comfortable in doing and that I feel I can accomplish safely. I agree I am wearing clothes and shoes that I believe will provide protection according to the work conditions.

### **Permission – Use of Photographs**

I grant permission to use individual and group volunteer photographs, films and videos of me child for promotional or other uses furthering the mission of Excite! All Stars of New Jersey, including use on the Excite! Website.

### **Consent**

I have read this form and fully understand that by signing this form I am giving up legal rights and/or remedies, which may otherwise be available to me regarding any losses I may sustain as a result of my participation.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Opportunities for volunteers are provided without regard to race, religion, national origin, gender, age or disability.**

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