

Driving hope by transforming vehicle donations generosity into life-changing support.

Volunteer Application

Full Name: _____ Today's Date: _____

Age: _____ (You must be age 19 or older to volunteer at A Good Shepherd.)

Birthdate: _____

Address:

City: _____ State: _____ Zip Code:

Contact Phone Number _____ Email:

Place of Employment:

Current Position:

Will you be requesting Community Service or SSL hours? ___Yes ___No

Have you ever been convicted of any crimes? ___Yes, ___No

How did you hear about A Good Shepherd?

What type of volunteer opportunities are you interested in? (Check all that apply)

In case of an emergency, please contact:

Name: _____ Cell Phone: _____ Relation:

Please contact volunteer@agsh.org with any questions or concerns.

Assumption of Risk and Waiver of Liability Including Property and Medical Release for Medical Emergencies:

As a volunteer working for A Good Shepherd, I hereby waive all claims against A Good Shepherd for damages, demand actions, cause of actions, or suits of any kind or nature whatsoever which result from my volunteer work with A Good Shepherd. I understand further, A Good Shepherd is not responsible for any of my property at any time. I give permission to the staff at A Good Shepherd to authorize medical care for myself in case of an emergency and release A Good Shepherd and its designated representative from all responsibility and liability which may result from said authorization.

Confidentiality:

I shall respect the privacy of A Good Shepherd clients and hold in confidence all information obtained in the course of service at A Good Shepherd, whether the information is obtained through written record, direct contact, interaction, or indirect sources.

I agree with the assumption of risk and waiver of liability, confidentiality policy, and affirm that all the above information is true to the best of my knowledge.

SIGNATURE _____
Date _____

Please email your application to ags@agsh.org