

# The Launch Pad Volunteer Application

## PERSONAL INFORMATION:

FULL NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

What is the best way to contact you? \_\_\_\_\_

What is the best time to reach you? \_\_\_\_\_

DO YOU HAVE CHILDREN ATTENDING TLP? \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE LAUNCH PAD?

Are you currently a college student? \_\_\_\_\_

If yes, what school do you attend? \_\_\_\_\_

## SKILLS & INTERESTS:

What specific interests, skills or areas of expertise would you like to bring to TLP?

**AVAILABILITY:**

This section will help determine the best days and times you would like to volunteer. Please write in the times you are available each day.

Day:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Available							

**CERTIFICATIONS:**

Please check if you hold any of the following certifications and the expiration date.

\_\_\_ Basic First-Aid. Date expired: \_\_\_/\_\_\_/\_\_\_

\_\_\_ CPR. Date expired: \_\_\_/\_\_\_/\_\_\_

\_\_\_ Wilderness First Responder. Date expired: \_\_\_/\_\_\_/\_\_\_

\_\_\_ Wilderness First Aid. Date expired: \_\_\_/\_\_\_/\_\_\_

Please list any other certifications you may hold:

**TRANSPORTATION:**

Do you have access to a vehicle in which you would feel comfortable transporting either TLP teens or fellow volunteers to special Launch Pad activities or events?

YES \_\_\_\_\_ NO \_\_\_\_\_

**EMERGENCY CONTACT:**

Please list a friend or family member we can contact in case of emergency.

NAME: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_

### **The Launch Pad Volunteer Waiver, Release and Indemnity**

Name of Volunteer (please print): \_\_\_\_\_

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

I, the undersigned volunteer, desire and agree to volunteer for The Launch Pad. I further understand and agree as follows:

1. I am donating my time and services without any compensation and shall at no time be considered an employee or independent contractor of The Launch Pad, and The Launch Pad will not provide insurance coverage for me;
2. I know of no reason, medical or otherwise, that would prevent me from performing the tasks required to participate in this volunteer activity;
3. I assume all risks of participating in this volunteer activity and full responsibility for my conduct and actions, including any injury to myself or others or damage to property that may result while volunteering, and I understand that The Launch Pad is not responsible for conditions that I create myself or those created by other volunteers or participants;
4. I, binding my heirs, executors, administrators and assigns, hereby agree to release, hold harmless and indemnify The Launch Pad, its officers, officials, employees, agents and volunteers, from and against any and all loss, damage, expense or cost (including attorneys fees) of any kind for injuries (including property damage, personal injury, disability and death) arising out of this volunteer activity, whether caused by the negligence of The Launch Pad or otherwise.
5. Photographic Release. I grant and convey unto The Launch Pad all right, title, and interest in any and all photographic images and video or audio recordings made by The Launch Pad during my work for The Launch Pad, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date