



# Volunteer Interest Form

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Date: \_\_\_\_\_ DOB: \_\_\_\_\_  
First: \_\_\_\_\_ Last: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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**List One Reference (Not a family member)**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Do you have any prior restaurant or barista experience?**

**Enter the time frame on the day you can volunteer?**

Day	Open Time	Your Available Time
Sun	7am to 4pm	_____
Tue	7am to 4pm	_____
Wed	7am to 4pm	_____
Thu	7am to 4pm	_____
Fri	7am to 6pm	_____
Sat	7am to 6pm	_____

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**I certify that all information provided in this form is correct to the best of my knowledge.**

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

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**For Office Use Only**

Date Received: \_\_\_\_\_ Date Interviewed: \_\_\_\_\_ Starting Date: \_\_\_\_\_

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## Volunteer Release/Waiver of Liability and Authorization of Background Screening Form

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This Release and Waiver of Liability executed on \_\_\_\_\_(Date) by \_\_\_\_\_(Volunteer) release Cup of Job / Lifework Community Impact (COJ), a non-profit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Volunteer desires to provide services for COJ and engage in activities related to volunteerism.

The Volunteer understands that the scope of the relationship with COJ is limited to a volunteer position and that no compensation is expected in return for services provided by the Volunteer and that COJ will not provide any benefits traditionally associated with employment to the volunteer; and that the Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of the Volunteer's services to COJ.

1. **Waiver and Release:** I, the volunteer, release and forever discharge and hold harmless COJ and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature either in law or in equity which arise or may hereafter arise from the services I provide to COJ. I understand and acknowledge that the his Release discharges COJ from any liability or claim that I may have against COJ with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to COJ or occurring while I am providing volunteer services.
2. **Insurance:** Further, I understand that COJ does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of COJ beyond what may be offered by COJ in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge COJ from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with COJ.
4. **Assumption of Risk:** I understand that the services I provide to COJ may include activities that may be hazardous to me involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release COJ from all liability.
5. **Photographic Release:** I grant and convey to COJ all rights, title, and interest in any and all photographs images, video, or audio recordings of me or my likeness or voice made by COJ in connection my proving volunteer services to COJ.

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I hereby authorize Cup of Job / Lifework Community Impact and any agents thereof permission to perform a check of my background to include criminal history, driving record, and any other source as appropriate for the volunteer job I have expressed interest in. I understand that the information collected will be limited to that appropriate to my eligibility as a volunteer and all information will be kept confidential.

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

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Our Mission: Kingdom Minded Transformation – transforming leaders, transforming cities, transforming the world