

Volunteer Interest Form

Please complete this form and submit to

marketing@pioneerresources.org.

You will be contacted to discuss available volunteer opportunities.



www.pioneerresources.org | marketing@pioneerresources.org | 231-773-5355

1145 Wesley Ave. Muskegon, MI 49442

Personal Information

<i>First Name</i>	<i>Middle</i>	<i>Last</i>
<i>Preferred Phone</i>	<i>Birthday / /</i>	<i>Email</i>
<i>Home Street Address</i>		
<i>City</i>	<i>State</i>	<i>Zip Code</i>
<i>Drivers License Number</i>	<i>State</i>	

Volunteer Agreement

Parent/Guardian signature required for volunteers under age 18

I, _____, _____ of _____
FULL NAME RELATIONSHIP TO VOLUNTEER VOLUNTEER NAME

hereby consent and authorize the volunteer individual listed above to act as a volunteer for Pioneer Resources, Inc. I acknowledge and agree that activities performed by the individual as a volunteer will be performed strictly on a voluntary basis, without pay, compensation, or benefits. I agree and understand that the volunteer must comply with the rules and regulations established by Pioneer Resources and failure to do so may result in the Minor's immediate removal as a volunteer. I am aware of the nature of the activities to be performed by the volunteer as a volunteer and recognize that by signing my signature below, I do release and indemnify, defend and hold harmless, Pioneer Resources Inc., from and against any and all claims, actions, suits, or proceedings of any kind or nature arising as a result of the actions of the volunteer listed above. I also release the officers, staff, and the Board of Directors of Pioneer Resources, Inc. without limitations, from damages, liabilities, penalties, costs, expenses, legal fees, and claims. I agree that all volunteer activities are to be performed by the volunteer at the volunteer's risk and I assume full responsibility therefore. Additionally, I understand that if the volunteer listed above is a minor and is between the ages of 10 to 15 years of age, an adult (over the age of 18) must be present during the volunteer session.

<i>Signature of Volunteer</i>	<i>Printed Name of Volunteer</i>	<i>Date</i>
<i>Signature of Parent/Legal Guardian</i>	<i>Printed Name of Parent/Legal Guardian</i>	<i>Date</i>

Name: _____

Additional Information

Select all that apply

Preferred Age Groups

Children Teens Adults Older Adults

Interests

Arts/Drama/Music Education Special Events

Direct Care/Outings Health/Wellness Building Projects/Painting

Clerical/Office Lawn/Yard Work Other: _____

	SUN	MON	TUES	WED	THUR	FRI	SAT
Availability Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

NOTES. Please add any additional information here that we might find helpful.

Reference 1

Name Phone Email

Reference 2

Name Phone Email

I hereby give you my permission to contact the reference listed above. I expressly and fully waive all written notice from all prior employers and agree to the divulging of any disciplinary reports, letter of reprimand or other disciplinary action by all prior employers, and hereby release Pioneer Resources and the above referenced organizations, reference persons and prior employers from all claims, liability and damage that may result from furnishing the information to you. I also understand that because of the nature of my volunteer position and your licensing requirements, I hereby consent to the release of this application or portions of this application to representatives of Department of Social Services, Department of Mental Health, and Community Mental Health agencies, or other governmental agencies.

Signature of Volunteer

Printed Name of Volunteer

Date

Signature of Parent/Legal Guardian

Printed Name of Parent/Legal Guardian

Date

Permission to Perform Background Check

I, _____ HEREBY AUTHORIZE Pioneer Resources to perform a check of background including:

ICHAT State of Michigan Police background check (This information will include but not be limited to allegations and convictions for crimes committed upon minors)

I understand that I do not have to agree to this background check, but that refusal to do so may exclude me from volunteer opportunities. I execute this release with the full knowledge and understanding that this information obtained about me will be confidential and is for official use by the volunteer coordinator.

Print Name _____ Date _____

Signature _____

PLEASE PROVIDE THE FOLLOWING INFORMATION:

(Please Print)

Last Name _____

First Name _____ Middle Name _____

Maiden Name/Alias _____

Address _____

City/State _____ ZIP _____

Date of Birth _____

I identify my gender as _____

Ethnicity _____

Driver's License Number # _____ or

Michigan ID # _____

