



# Miracles Outreach CDC, Inc. Volunteer Survey

There are so many ways in which your volunteer service could be a blessing to this ministry to ensure a proper fit with our agency's mission and activities; we are asking that all interested volunteers complete the brief Volunteer Interest Form that is attached. You may mail or fax it back to us at the number listed below.

A member of our Volunteer Committee will contact you within 3 business days regarding your interest. If you have any questions, please feel free to contact me at (813) 416-1316.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Position: \_\_\_\_\_

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

Education: (College attended and degrees/certificates received)

\_\_\_\_\_

Memberships in associations: (social clubs, service clubs, etc)

\_\_\_\_\_

What would you like to accomplish by volunteering?

\_\_\_\_\_

\_\_\_\_\_

Other volunteer activities:

\_\_\_\_\_

Special Interest and Hobbies:

\_\_\_\_\_

In which of the following areas do you have strengths that could be used to help the organization? Please circle all that apply.

Accounting  
Mentoring  
Grant Writing  
Management  
Strategic Planning

Artistic  
Financial  
Investments  
Programming

Community Affairs  
Fundraising  
Legal Advice  
Public Relations

Volunteer's Name: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_ No \_\_\_ Yes If yes, what were you convicted of?

\_\_\_\_\_  
What year was your conviction? \_\_\_\_\_ Please briefly describe the nature and status of your rehabilitation efforts:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Additional Information & Personal Acknowledgement**

As a volunteer, I understand that: I will be will be required to attend one informational meeting at a designated time prior to me participating in any activities. Further, I agree that: I will cooperate with the instructions and reasonable requests of Miracles Outreach staff; I will not smoke, use profane/offensive language or engage in any other conduct deemed inappropriate by staff. And, I certify that the above information is true and correct.

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

**Hold Harmless Agreement / Waiver of Liability**

In consideration of being allowed to participate as an un-paid Volunteer for related events and activities being hosted by Miracles Outreach Community Development Center, Inc., I, the undersigned, acknowledge, appreciate, and agree that:

1. I hereby release and hold harmless Miracles Outreach Community Development Center, Inc., its directors, regents/trustees, agents, and employees for any personal injuries I, may sustain as a result of participation in the above stated conference/activities/events;
2. I knowingly and freely assume all such risks of injury and loss, both known and unknown, that may arise as a result of my participating in the above stated conference/events/activities;
3. I willingly agree to comply with the stated and customary terms and conditions for participation;
4. I understand that as a Conference Vendor I am expected to have adequate health insurance coverage, at my/our own expense; and,
5. I, on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify, and hold harmless Miracles Outreach Community Development Center, Inc, its directors, regents/trustees, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and leasers of premises used for the conference activities and events, with respect to any and all injury, disability, death, loss or damage to person or property associated with my presence or participation, whether arising from the negligence of the releases or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

## Emergency Information

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Home Phone #: (    ) \_\_\_\_\_ Cell Phone #: (    ) \_\_\_\_\_

## Photography & Media Recording Release

I, the undersigned, do hereby consent and agree that Miracles Outreach Community Development Center, Inc, its agents, assigns, employees, licensees, successors in interest, legal representative and heirs have the irrevocable right, to take photographs, videotape, or digital recordings of me and to use the images of me/ my company in any and all media, including but not limited to artistic, commercial, internet/web-based, promotional, or proprietary, now or hereafter known. I further consent that my name/ company name and identity may be revealed therein or by descriptive text or commentary. I do hereby release to Miracles Outreach Community Development Center, Inc, its employees, licensees, successors in interest, legal representative and heirs all rights to exhibit this work in print and electronic form publicly or privately for advertising, trade or any other lawful purpose. I agree that any materials produced pursuant to this release may be used, in whole or in part, without inspection or further consent or approval by me, of the finished product or any use of said materials or product by Miracles Outreach Community Development Center, Inc. I understand that there will be no financial or other remuneration for photographing/recording me, either for initial or subsequent transmission or playback. I represent that I am at least 18 years of age, have read and understand the foregoing statement, am competent to execute this agreement, and willingly sign it on behalf of myself or my company.

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

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

**Miracles Outreach CDC • P.O. Box 310603 Tampa, FL 33680• Ph: 813-374-2184, Fax: 813-374-2185**