



VOLUNTEER APPLICATION

Applications Must Be Received By: SEPTEMBER 20, 2018

FOR INTERNAL USE ONLY:

Accepted: Y N W/L

Paid: _____

GENERAL INFORMATION

Mission Possible will only accept applications for volunteers in 9th grade or older.

Name: _____ Address: _____

Applicant Cell Phone Number: _____

Email Address: _____ Date of Birth: _____ T-Shirt Size (S - XL): _____

Do you have any building experience? Y N If yes, explain: _____

Do you have any allergies? Y N If yes: _____ Do you require an epipen? Y N

I hereby grant permission for photos taken of me [*my child*] during this event to be used on the MP website & social media accounts: _____
(Initials)

For Youth Volunteers Only:

School you Attend: _____ Grade: _____

Please bring any paperwork that you may need signed for volunteer hours the day of the service project

First time volunteers are requested to provide a \$25 donation with their application, in return they will receive a tee shirt for wearing during event weekends. Returning volunteers are requested to provide a \$15 donation with their applications. Checks can be made payable to UMCSO with "*Mission Possible*" on the Memo Line. Donations will be used to provide project supplies.

DRESS CODE, SAFETY & COMMITMENT

The DRESS CODE for all Mission Possible work sites is long pants of substantial material, t-shirt provided by Mission Possible and closed toe shoes. Additional layers may be added as needed.

SAFETY on the work site is of the highest importance. Every individual is expected to operate with their own safety and the safety of their group as the top priority throughout the work day.

COMMITMENT from volunteers is the greatest asset of Mission Possible. Projects are selected based on the number of volunteers that commit to the weekend. Last minute cancellations for any reasons will result in future applications being automatically placed on a wait-list.

I, _____ have read the statements above; I understand and agree to the conditions stated above.

Initials: _____ Parent/Guardian initials that they have read this section as well (Youth Volunteer Only): _____

EMERGENCY CONTACT INFORMATION

1. Emergency Contact Name: _____ Relation to Volunteer: _____

Cell Phone Number: _____

2. Emergency Contact Name: _____ Relation to Volunteer: _____

Cell Phone Number: _____

PERMISSION

I understand that Mission Possible is a volunteer-based mission; I understand all reasonable safety precautions will be taken at all times by Mission Possible and its agents. I authorize any treatment by an accredited hospital and/or physician deemed necessary for the subject of the release in case of an emergency. I understand the possibility of unforeseen hazards and knowing the inherent possibility of risk I agree not to hold the United Methodist Church at Shrub Oak, Mission Possible, its leaders, employees and volunteers liable for damages, losses, or injuries incurred by the subject of this form.

Applicant's Signature: _____

Date: _____

Parent/Guardian Signature: _____
(If applicant is a minor)

Date: _____

Applications must be emailed to:
MissionPossible.UMCSO@gmail.com

or mailed to: UMCSO c/o Mission Possible
1176 E. Main St, Shrub Oak NY, 10588