



VOLUNTEER INFORMATION – TO BE COMPLETED BY ALL VOLUNTEERS

NAME _____ DATE OF BIRTH _____

HM PHONE _____ WK PHONE _____ CELL PHONE _____

ADDRESS _____

EMPLOYER _____ E-mail _____

IF UNDER 18 YEARS OLD, PLEASE PROVIDE PARENT/GUARDIAN’S NAME(S) AND HOME & CELL PHONE NUMBER(S): _____

EMERGENCY CONTACT _____ PHONE _____
RELATIONSHIP _____

PHYSICAL HANDICAPS/ LIMITATIONS: _____

ALLERGIES _____ MEDICATION BEING TAKEN _____

MEDICAL INSURANCE CO.: _____ MEMBER’S NAME: _____
POLICY NO. _____ (PLEASE ATTACH COPY OF INSURANCE CARD, IF POSSIBLE.)

LIABILITY RELEASE AND HOLD HARMLESS

I, _____, A VOLUNTEER, WISH TO PARTICIPATE IN THE ACTIVITIES OF COMMON GROUND COMMUNITY, INCORPORATED (“CGC”) I UNDERSTAND THIS MAY BE RISKS INHERENT IN THE ACTIVITIES AND MINISTRIES OF CGC, AND I AM PARTICIPATING AT MY OWN RISK. VOLUNTEER AND PARENT/GUARDIAN UNDERSTAND THAT CGC DOES NOT CARRY OR MAINTAIN LIABILITY, HEALTH, MEDICAL OR DISABILITY INSURANCE FOR THE VOLUNTEER. I, INDIVIDUALLY, AND/OR PARENT OR GUARDIAN OF A VOLUNTEER, HEREBY RELEASE AND HOLD HARMLESS CGC, ITS DIRECTORS, OFFICERS, EMPLOYEES, AND VOLUNTEERS FROM ALL CLAIMS, CAUSES OF ACTION, LIABILITY RELATED TO ANY ACCIDENTS, DAMAGE, DEATH, INJURY OR ILLNESS THAT I OR MY CHILD SUFFER DURING, OR IN CONNECTION WITH, ANY CGC RELATED ACTIVITES OR MINISTRIES. I ALSO AGREE TO ALLOW CGC TO USE ANY PHOTOS OR VIDEOS TAKEN OF ME FOR PRIVATE, PUBLICITY, OR MEDIA PURPOSES.

I HAVE READ AND UNDERSTAND THE FOREGOING:

SIGNATURE OF VOLUNTEER _____ DATE _____

SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18) _____ DATE _____



Common Ground Community, Inc
a non-profit corporation

TO BE COMPLETED BY VOLUNTEERS WHO WORK WITH CHILDREN

CGC'S GUIDELINES FOR WORKING WITH CHILDREN

- A minimum of two adults (18 years and older) must be present as long as a child or teen (under 18) is in The Bright House, on Common Ground Community Inc. ("CGC") property or on a CGC sponsored activity. A 10-1 ratio is preferred, while always maintaining a minimum of 2 adults. For coed overnight events, the presence of both male and female (unrelated) leadership is required.
- When transporting a child or teen in a vehicle, CGC recommends two adults are present unless more than one child is in the car. Adult drivers must have insurance and follow all statutory laws.
- Medical information/release forms & permission slips are required for any activity where children and youth are away from Common Ground's main facilities or any overnight event.
- Dating or other romantic involvement between volunteers and youth/children is not permitted.

I HAVE READ THE FOREGOING AND AGREE TO FOLLOW THESE GUIDELINES:

_____ DATE _____ SIGNATURE
OF VOLUNTEER

_____ DATE _____
SIGNATURE OF PARENT/GUARDIAN (IF UNDER 18)

PERMISSION TO CONDUCT A CRIMINAL BACKGROUND CHECK

To protect the safety of our children, Common Ground will conduct a criminal background check on adults who work, on a regular basis, with persons in our community under eighteen years of age. To do so, we need you to provide the following information. **This information will be kept confidential and will not be used for any other purpose.**

I authorize CGC to conduct a criminal background check on me.

Please Print Full Name _____

List Any Other Names That You Have Used (Maiden Names, etc.) _____

Date of Birth _____ Home or Permanent Address: _____

(If you have lived at this address for less than three years, please list previous addresses on the back of this form). Driver's License Number & State _____

_____ DATE _____
SIGNATURE