



1525 S. Rogers St.  
Bloomington, IN 47403  
812.333.3951

The mission of The Warehouse is to reach those unfamiliar with God's love and grace by uniting, organizing, and facilitating Christ-centered ministries.

## Volunteer Application

Thank you so for wanting to donate your time and abilities to The Warehouse! We would be nowhere without our volunteers! The time you give to The Warehouse is truly invaluable and never goes unnoticed. We hope that your experience at The Warehouse is equally as rewarding and you develop your own skills, relationships, and abilities while serving the Bloomington community!

Please return this form to:

The Check in Desk

or

Spencer Armstrong- [Spencer@btownwarehouse.com](mailto:Spencer@btownwarehouse.com)

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	
Birthdate (MM/DD/YYYY)	

(Volunteers must at least be the age of 14. Those between the ages of 14-17 must have a parental signature located at the bottom of this form)

## Availability

During which hours are you available for volunteering?

Weekday mornings

Weekend mornings

Weekday afternoons

Weekend afternoons

Weekday evenings

Weekend evenings

Are you interested in volunteering....

Weekly?

# of hours

Randomly? (Volunteer projects posted on website, delivered through emails, etc.)

## Interests

Administration

Events

Cleaning/Organizing

Fundraising

Technology

Graphic Design

Marketing

Construction

Sports/Recreation

Environmental

Maintenance

Ministry

Other: \_\_\_\_\_

## Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, education, previous volunteer work, or through other activities, including hobbies or sports.

## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person To Notify In Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, my guardian and I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I understand I will not receive compensation for my volunteer work. By signing, my guardian and I agree to me having a background check completed.

Name (printed)	
Signature	
Date	
Parent Name (printed)	
Signature	
Date	

Please complete the waiver on the next page.





## WAIVER OF LIABILITY, CONSENT TO MEDICAL TREATMENT, & PUBLICITY RELEASE

*-PRINT NEATLY-*

Name of Participant: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**1. Participation in Activities.** The Warehouse is owned and operated by Realife Media, Inc., an Indiana non-profit corporation. This document shall govern all activities conducted at The Warehouse, 1525 South Rogers Street, Bloomington, Indiana. As the participant named above, or as the parent/guardian of the participant named above, I hereby give my permission for my child to participate in any activities at The Warehouse.

**2. Release of Liability.** I, for myself, my minor child and for the child's other parent and/or guardian, hereby release, waive, discharge, and covenant not to sue The Warehouse, Realife Media, Inc., any non-profit partner of The Warehouse ("The Warehouse Organizations"), and their members, officers, directors, trustees, employees, agents, volunteers, heirs and assigns of and from all liability, loss, claims, demands, and possible causes of action arising from any loss, damage or injury to me or to my child's person or to our property in any way resulting from or connected with my or my child's participation in any activities conducted at The Warehouse, including, without limitation, the failure of anyone to enforce rules and regulations, failure to make inspections, or the negligence of other persons.

**3. Assumption of Risk.** I know that many of the activities at The Warehouse involve the risk of physical harm. I know there are potential risks and dangers to myself, to my child and to our property, both from known risks and unanticipated risks, while participating in the activities at The Warehouse. I participate in, and I give permission for my child to participate in, such activities willingly, voluntarily and in reliance upon my own judgment and ability, and I thereby assume all risk of loss, damage or injury (including death) to myself, to my child and to our property from any cause whatsoever and whether or not caused by the negligence of others.

**4. Consent to Medical Treatment.** In the event that I, or my child, become ill or injured, I give my permission for a representative of The Warehouse to take whatever steps are reasonably necessary to render emergency first aid to me or to my child. I also consent to such emergency medical treatment as may be reasonably necessary to insure the health and welfare of me or my child including, but not limited to, x-rays, anesthetic, medical or surgical diagnosis and treatment, hospital care and administration of drugs or medicine under the care of a licensed physician and/or surgeon.

**5. Publicity & Photo Release.** I hereby grant to The Warehouse Organizations the absolute and irrevocable right and unrestricted permission to use my name and that of my child, our likeness, image, voice, and/or appearance as such may be embodied in any photos, video recordings, audiotapes, digital images, and the like, taken or made on behalf of The Warehouse Organizations. I agree that The Warehouse Organizations have complete ownership of such material and can use said material for any purpose consistent with their missions. These uses include, but are not limited to, videos, publications, advertisements, news releases, Internet sites, and any promotional or educational materials in any medium. I acknowledge that neither I nor my child will receive any compensation for the use of such images, video, likeness, etc.

DATE: \_\_\_\_\_

\_\_\_\_\_  
Signature of Participant or Parent/Guardian

\_\_\_\_\_  
Printed Name of Parent/Guardian if You Are A Minor

\_\_\_\_\_  
Emergency Contact Phone Number