

# Joi's Angels

## Volunteer Application

**General Information (Please print all sections clearly).**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name as you would like it to appear on your Name Badge: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email: \_\_\_\_\_

Birthday: \_\_\_\_\_ Ethnicity \_\_\_\_\_ Religion/Faith \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone # \_\_\_\_\_ :Relation: \_\_\_\_\_

**How did you hear about Joi's Angels Non-Profit Inc.?** \_\_\_\_\_

Are you or have you been affiliated with any Community Service groups, Organizations, Fraternity, Sorority, Church,, etc)? **Please Circle Yes or No.**

If yes Please list Names and Dates ( If no longer affiliated please enter end dates):

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**Availability: Please check available days:**

\_\_\_ Monday \_\_\_ Tuesday \_\_\_ Wednesday \_\_\_ Thursday \_\_\_ Friday \_\_\_ Saturday \_\_\_ Sunday

Time of day Preference: \_\_\_ Morning \_\_\_ Afternoon \_\_\_ Evenings

Do you have a valid driver's license? \_\_\_\_\_ Do you own or have access to a vehicle? \_\_\_\_\_

**Skills:**

Can you operate a personal computer? **Yes or No**

If yes what computer programs are you familiar with? \_\_\_\_\_

Do you have Social Media and or Marketing/Sales Skills? **Yes or No**

Please describe. \_\_\_\_\_

**Professional Licenses/Certification:** \_\_\_\_\_

**Work Experience: (Please attach resume if available):**

Most recent work experience title: \_\_\_\_\_

Employer: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

Responsibilities: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone # \_\_\_\_\_

**Volunteer Experience:**

Agency Name: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Type of Service Provided: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Please check if you ever been convicted of a felony? \_\_\_\_\_

If yes, please provide explanation in space provided. \_\_\_\_\_

\_\_\_\_\_

**Please be advised that background disclosures are NOT a determining factor for approval.**

**Certification:** As a volunteer of Joi's Angels Non-Profit Inc., I accept that the welfare of the organization depends upon the conduct and honesty of its volunteers. I authorize Joi's Angels Non-Profit Inc. and any agent authorized to act on its behalf, to conduct an investigation of my character, previous employment, reasons for termination, and previous volunteer experience. I hereby release Joi's Angels Non-Profit Inc. and any agent authorized to act on its behalf from any liability by reason of furnishing such information. I agree to accept the final decision of Joi's Angels as to my suitability for volunteering. I understand that nothing in this registration form is intended to lead or to create an employment contract between myself and Joi's Angels Non-Profit Inc. I further understand that my services as a volunteer may be discontinued at any time. I certify that the information provided is accurate and complete to the best of my knowledge.

Volunteer Name: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

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

# Joi's Angels

## **PLEDGE OF CONFIDENTIALITY (Please Read Carefully).**

I, \_\_\_\_\_, am volunteering my time to work for Joi's Angels Non-Profit Inc. I understand that in the course of my work for Joi's Angels Non-Profit Inc. I may learn certain facts about Joi's Angels, Joi's Angels Non-Profit Inc. Staff and Volunteers that are highly personal and confidential in nature. I understand that sharing any or all such information of a personal and confidential nature to any person not affiliated with Joi's Angels Non-Profit Inc. and authorized by Joi's Angels Non-Profit Inc. is strictly prohibited. I also agree that any work subject to copyright laws, which I may create in my capacity as a Joi's Angels Non-Profit volunteer would be the sole and exclusive property of Joi's Angels Non-Profit Inc.

Name (please print) \_\_\_\_\_ Date: \_\_\_\_\_

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

## **RELEASE AND HOLD HARMLESS AGREEMENT**

In consideration of the privilege of participating at and with Joi's Angels I hereby voluntarily release and discharge Joi's Angels and its agents, servants and employees from any and all claims for injury, illness, death, loss or damage, which I may suffer as a result of his/her participating in these activities. I understand that Joi's Angels assumes no responsibility for injuries and illnesses which I may sustain as a result of his/her physical condition and or resulting from his/her participation in any athletic, sports programs, games, the use of any equipment, exercise, or any/all other Volunteer activities.

Print Name: \_\_\_\_\_

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

## **PHOTO/VIDEO RELEASE FORM**

I hereby give my consent to Joi's Angels to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children.

Print Name \_\_\_\_\_

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

**Please return forms to Joi's Angels:**  
**114 S Arlington Avenue, East Orange, NJ 07018**  
**via email: [joisangels@gmail.com](mailto:joisangels@gmail.com)**

*Thanks for your interest. We will contact you shortly.*