



Shirt size: _____

Name: _____ Date: ____/____/____
Last First Month Day Year

GENERAL INFORMATION

Current Address: _____ **Year of Birth (if under 18):** ____

City: _____ **State/Zip Code:** _____ **Home Phone:** _____

Cell Phone: _____ **Work Phone:** _____ **E-mail:** _____

Church: _____ **How did you learn of Urban Impact?** _____

Permanent Address (if different from above address): _____

City: _____ **State/Zip Code:** _____ **Home Phone:** _____

Medical Information:

☐ Self pay/No insurance

Company: _____ **Policy Number:** _____

Health Concerns (describe concerns and/or check off boxes below): _____

- | | | | |
|--|--|---|----------------------------------|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Emotional Handicap | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Seizures | <input type="checkbox"/> Nervous Disorders | <input type="checkbox"/> Cardiac |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Other _____ | |

Activity Restrictions _____

Emergency Contact:

Name: _____ **Relationship:** _____ **Phone:** _____

MINISTRY

How would you like to be involved at Urban Impact? *Please mark your preferences with a √.*

I would like to be an/a:

- ☐ Indirect volunteer
Administrative/office work, non-relational interaction with Urban Impact participants
- ☐ Direct volunteer
Relational interaction with participants within the program environment only.
- ☐ Discipleship mentor
Interacting with participants in a discipleship relationship in and outside the program environment.

For the following areas/programs:

- | | | | | |
|---|---|------------------------|--------------------------------|----------------------|
| <input type="checkbox"/> Academics | - Weekdays | | | |
| <input type="checkbox"/> Athletics | - Monday or Thursday (6-8:30pm) and/or Saturday (9am-12pm or 2-4pm) | | | |
| <input type="checkbox"/> Performing Arts | - Tuesday (6-9pm) and Thursday (3:30-9:00pm) | | | |
| <input type="checkbox"/> Summer Day Camp | - Monday thru Friday (June – August) | | | |
| <input type="checkbox"/> Tuesday Nights | - Tuesday (6-9pm, June-July) | | | |
| <input type="checkbox"/> Special Events | Hoopfest | Football Clinic | Urban Impact Experience | Global Impact |
- (circle all that apply)

Rank in order of preference the age groups with which you are most comfortable.

- ☐ pre-school ☐ elementary school ☐ middle school ☐ high school ☐ no preference

How often would you like to volunteer?

- | | | |
|---|---|---|
| 1. <input type="checkbox"/> weekdays | <input type="checkbox"/> weekday evenings | <input type="checkbox"/> weekends |
| 2. <input type="checkbox"/> one day a week | <input type="checkbox"/> less than one day a week | <input type="checkbox"/> more than one day a week |
| 3. <input type="checkbox"/> ongoing program | <input type="checkbox"/> special events | |

UIF VOLUNTEER RELEASE AND WAIVER OF LIABILITY

PLEASE READ CAREFULLY

I, _____, the volunteer, hereby freely and voluntarily, without duress, execute this Release under the following terms:

Waiver and Release. I hereby release and forever discharge and hold harmless Urban Impact Foundation and its successors and assigns from any and all liability claims, demands, and causes of action, of whatever kind of nature, either in law or equity, which may hereafter arise from my participation.

I understand and acknowledge that this Release discharges Urban Impact Foundation from any liability or claim that I may have against Urban Impact Foundation with respect to any bodily or other injury, illness, death or property damage that may result from my participation as a volunteer. I also understand that Urban Impact Foundation does not assume any responsibility or obligation to provide financial assistance, including, but not limited to, medical, health, or disability insurance, in the event of injury, illness death, or property damage.

Insurance. I understand that except as otherwise agreed in writing, the Urban Impact Foundation does not carry or maintain health, medical, disability, damage, liability, or other insurance coverage for the benefit of any volunteer and expressly disclaims the responsibility or obligation to so. As a volunteer, I am expected and encouraged by Urban Impact Foundation to maintain medical, health, and all other applicable insurance coverage for my own benefit.

Medical Treatment. I hereby release and forever discharge Urban Impact Foundation from any and all claims, demands and causes of action whatsoever that may arise or may hereafter arise on account of any first aid or other medical treatment rendered in connection with volunteer activities.

Assumption of Risk. I understand that my participation with Urban Impact Foundation and/or any project, activity or event sponsored, managed, arranged or promoted by, or otherwise affiliated or associated with Urban Impact Foundation may include activities that may be hazardous to me. I further recognize and understand that such participation may involve certain inherently dangerous activities. I hereby expressly and specifically assume the risk of injury or harm in the activities and release Urban Impact Foundation from all liability for injury, illness, death and/or property damage that may result.

Photographic Release. I release Urban Impact Foundation to use photos, video, and audio of myself in promotional materials that support UIF & its programs as well as any media coverage that may occur. I release UIF from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment or fundraising program.

Other. I expressly understand and agree that this Release is intended to be as broad and inclusive as permitted by law, and that this Release shall be governed and interpreted in accordance with the laws of Pennsylvania. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release.

This Release is entered in to voluntarily and knowingly on _____.
[Date]

Volunteer Signature

Date

Print Name

Witness

Date

Vehicle Liability Insurance Disclaimer

Name _____

☐ I have at least \$100,000/\$300,000 liability insurance coverage on my vehicle. If this coverage changes, I will alert Urban Impact Foundation. (Please provide UIF with a copy of your vehicle liability coverage and limits.)

☐ I do not have \$100,000/\$300,000 liability coverage on my vehicle. Therefore, I agree not to transport program participants or volunteers of Urban Impact Foundation.

Signature

Date



Greetings Prospective Volunteer,

Thank you for your interest in fulfilling Christ's Great Commission through volunteering with Urban Impact. In light of the importance of maintaining a safe environment for each and every participating youth, Urban Impact requires that Federal, PA Criminal, and Department of Motor Vehicle background check clearances be completed on all applicants prior to them volunteering at an Urban Impact program or event.

- Individuals who have not had the required background checks run in the last 24 months will not be permitted to volunteer until all required clearances have been brought into compliance.
- Prospective volunteers who have recently had background checks run, whether Federal, PA Criminal, or DMV, are welcome to submit a copy of any of these three clearances as long as they were completed less than 24 months ago.
- All past convictions of any nature must be disclosed on the form titled 'Notification and Authorization to Conduct a Background Investigation.' Failure to disclose a past conviction of any nature will result in the rejection of a prospective volunteer.
- Applicants convicted of the following violations are not permitted to volunteer under any circumstance: Crimes against children, murder, armed robbery, and rape.
- All violations not listed directly above are subject to Urban Impact's *volunteer violation guidelines*, and may require the completion of set pre-requisites prior to one being fully cleared to volunteer.
- All new volunteers who did not participate in an Urban Impact ministry as a youth are required to cover the cost incurred by Urban Impact to run their background checks. The total cost to run all three clearances is \$37. Individually, the Federal clearances cost \$16, the DMV check \$11, and the PA Criminal \$10 to run. If paying by check, please make out to *Urban Impact Foundation*.
- Volunteers who disclose a past conviction are required to pay the cost to run their clearances before Urban Impact can send out their background checks for completion.
- Financial assistance can be made available for prospective volunteers unable to cover the cost of running their clearances.

Please do not hesitate to contact Urban Impact staff with any questions regarding volunteer background check procedures and payment. Thank you and we look forward to you serving with us!

By signing below, applicant has read the terms of Urban Impact's volunteer background check policies, and will abide by the conditions and requirements set forth:

(Signature)

(Today's Date)

(Print Name)

JUSTIFACTS CREDENTIAL VERIFICATION, INC.

www.justifacts.com

Notification and Authorization to Conduct a Background Investigation

I hereby authorize Justifacts Credential Verification, Inc, an Agent for **Urban Impact** to ascertain information regarding my background to determine any and all information of concern to my record, whether same is of record or not, and I release employers and persons named in my application from all liability for any damages on account of his/her furnishing said information. I understand that this form indicates that a background search will be conducted and that this is my notification of that intent. I understand that the purpose of this background investigation is to determine my suitability for employment or volunteer work and may elicit information on my character, general reputation, personal characteristics and mode of living. Additionally, you are hereby authorized to make any investigation of my personal history, educational background, military record, motor vehicle records, criminal records and credit history through an investigative or credit agency or bureau of your choice. I authorize the release of this information by the appropriate agencies to the investigating service. This authorization, in original or copy form, shall be valid for this and all subsequent reports needed as it pertains to employment.

PLEASE PRINT CLEARLY

*FIRST NAME: _____ MIDDLE NAME: _____ *LAST NAME: _____

OTHER LEGAL NAMES USED/MAIDEN NAME/DATES: _____

*CURRENT ADDRESS: _____ PHONE: _____

*LIST ALL ADDRESSES FOR PAST 7 YEARS: _____ Dates: _____

_____ Dates: _____

_____ Dates: _____

*SOCIAL SECURITY # _____ *DATE OF BIRTH: _____ *GENDER: _____

*DRIVER'S LICENSE # _____ *STATE ISSUED: _____

NEVER HAD A DRIVER'S LICENSE? _____

*** HAVE YOU EVER BEEN CONVICTED OF A CRIME? YES _____ NO _____

If yes, please explain: _____

Notice to California Applicants

(You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, convictions more than two years old for the following marijuana related offenses: HS11357b&c, HS11360c, HS11364, HS11365, HS11550, and misdemeanors for which probation was completed and the case was judicially dismissed)

Note: No applicant will be denied employment solely on the grounds of conviction of a crime. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position will be considered.

*SIGNATURE: _____ *DATE: _____

TO BE COMPLETED BY ADMINISTRATION: DEPARTMENT APPLIED FOR: _____

Under Section 1786.22 of the California Civil Code, you have the right to request from Justifacts, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you to whom Justifacts has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Justifacts during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone. ☐ California, Minnesota & Oklahoma Applicants Only: Please check this box if you would like a copy of the background check mailed to you. Minnesota and Oklahoma applicants will receive a copy direct from Justifacts or its designee. California applicants may receive a copy from either the prospective employer or Justifacts. NOTICE: Under federal law, you have the right to request disclosure of the nature and scope of our investigation by providing us with a written request within 60 days of our background investigation.

Subscriber certifies that consumer credit information, consumer reports, as defined by the Fair Credit Reporting Act, 15 U.S.C. 1681 et seq. ("FCRA"), will be ordered only when intended to be used as a factor in establishing a consumer's eligibility for employment and that consumer credit information will be used for no other purposes. It is recognized and understood that the FCRA provides that anyone "who knowingly and willfully obtains information on a consumer from a consumer reporting agency" (such as Justifacts) "under false pretenses shall be fined not more than \$5,000 or imprisoned not more than two years or both."

REV. 3/05