

# ATTI'S EATS VOLUNTEER APPLICATION

## Contact Information

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

## Availability

During which hours are you available for volunteer assignments?

- |                    |                    |
|--------------------|--------------------|
| Weekday mornings   | Weekend mornings   |
| Weekday afternoons | Weekend afternoons |
| Weekday evenings   | Weekend evenings   |

## Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Field work
- Fundraising
- Deliveries
- Phone bank
- Newsletter production
- Volunteer coordination

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## Special Skills or Qualifications

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

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## 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, 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 may be dismissed at any time if I am not a good fit for this program determined by any of Atti's Eats officers.

Name (printed)	
Signature	

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Date	
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## Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

## VOLUNTEERS OVER THE AGE OF 18 MUST COMPLETE THE FOLLOWING:

These questions are being asked for the protection of our staff and volunteers

Have you ever been convicted of a felony? \_\_\_\_\_

Have you ever been convicted of sexual offenses? \_\_\_\_\_

Have you ever been convicted of animal cruelty? \_\_\_\_\_

The Undersigned \_\_\_\_\_ (PRINT NAME) does hereby acknowledge and assumes the risk of participation in any and all Atti's Eats related activities at HHHMHR / Atti's Eats or in any and all locations where HHHMHR/ Atti's Eats activities take place. He/she does hereby acknowledge that he/she will release, HHHMHR/Atti's Eats, its officers, staff members, volunteers, instructors, advisors, and/or agents in any location where activities are conducted or which may hereafter develop or accrue to them on account of injury, loss or damage, which may be suffered by said minor or to any property, because of any matter, thing, or condition, negligence or default whatsoever, and they hereby assume and accept the full risk and danger of any hurt, injury or damage which may occur through or by reason of any matter, thing or condition, negligence or default, or any person or persons whatsoever.

It is further agreed and understood that he/she shall maintain in full force and effect, a policy of insurance covering medical treatment and all related costs in the event of an injury to him/her as a result of his/her participation in any and all activities at HHHMHR/Atti's Eats as aforesaid. He/she also agrees that if he/she does not maintain in full force and effect a policy of insurance, he/ she is still liable for medical treatment and all related cost in the event of an injury to him/her as a result of his/her participation in any and all activities involving HHHMHR/Attis Eats. Liability insurance is also strongly urged. He/she hereby agrees to assume all expenses, medical, liability, or otherwise, arising out of any injury to him/her or other individual associated with or while participating in any activity or event either at HHHMHR/Atti's Eats or at a remote location, and understand that HHHMHR/ Atti's Eats does not provide health, accident, or liability insurance to \*participants in activities.

## ATTI'S EATS VOLUNTEER APPLICATION

The person executing this release acknowledges that there is a valid consideration to executing this release.

The invalidity of any statement or waiver of rights above under local, state or federal law does

not invalidate any other statement or waiver of rights above.

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Signature of \*Participant Date

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Signature of Parent/Legal Guardian Date  
(For \*Participants Under 18)

\*Participant: Defined as any individual who knowingly participates in any HHHMHR activity both on or off HHHMHR /Atti's Eats property.

PLEASE MAIL APPLICATION TO  
PO BOX 4125  
BISMARCK, ND 58502

OR EMAIL  
attiseats@icloud.com  
701-220-4449