



VOLUNTEER APPLICATION
(Must Be 18 Years or Older)
2020

Full Name: _____
(Last) (First) (Middle)

Maiden or Alias Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Social Security Number: _____

Sex: _____ Race: _____ Place of Birth: _____

Address: _____
City State Zip

Phone: _____ Email: _____

I understand that a background check may be done through the Kansas Central Repository Certified Record Check.

If you had a background check done by another organization, please list that organization and date or see if they will release it to us so another one won't need to be done:

I am willing to be a "retreat buddy" for an assigned child for the entirety of the Retreat day.
 YES NO

For those not assigned as a "retreat buddy", please indicate your top three preferences.

Memory box Snacks and lunch Drawing/Music
 Scavenger hunt Registration Memory Quilt
 as needed specify interest _____

The retreat will be held on **Saturday, March 28, 2019 from 9:45AM to 4:00PM.** Volunteers will need to be at the Sternberg Museum at 9:30AM.

*** Volunteers will need to attend training on Friday, March 27th from 6:00PM to 8:00PM at the Sternberg Museum.** Light supper will be provided.

Emergency Contact Information: _____
(Last) (First) (Phone #)

Sign: _____ Date: _____

*** If you are a New volunteer or need a new one: (Please Mark size)**

***Tee shirt size:**

Adult: ___S___M___L___XL___2X___3X___4X___5X



Volunteer Name: _____

CONSENTS

1. It is my understanding that it is the goal of the Retreat to help facilitate the bereavement process for the child and to provide support in expressing feelings of grief.
2. I give my permission to be photographed and or videotaped during the Retreat. I understand that the photographs or videotapes will remain the property of the Healing Kids' Hearts Retreat through the Center for Life Experiences and may be used for the publicity of the Retreat, including but not limited to future Retreat brochures.
3. If the emergency contact cannot be reached in the event of an emergency, I hereby give consent for the staff of the Retreat to access treatment through EMS or the Hays Medical Center Emergency Room physician.
4. I understand that the information that has been provided about any of the children will be shared on a "need to know basis" by the Retreat's staff and that the information must be kept in the strictest confidence.
5. I expressly assume any and all risks of injury or death arising from or relating to the activities at the Retreat and waive and release any and all actions, claims, suits, or demands of any kind or nature whatsoever against the Healing Kids' Hearts Retreat, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively "Releases") arising from or relating in any way to participation in these activities. I understand that this Waiver, Release, and Indemnification agreement means, among other things, that if I am injured or die as a result of participation in these activities, I, and/or my family or heirs cannot under any circumstances sue Releases' or any of them for damages relating to or caused by injuries or death.
6. I agree to indemnify Releases' or any of them, their subrogees, if any, in the event of any loss, damage, or claim arising from or relating in any way to participation in any Healing Kids' Hearts Retreat activities.

I have read, understand, and acknowledge the above application.

Signature of Volunteer

Printed Name

Date

Please Return This Application By: March 18th in order to be guaranteed a Tee-shirt.

To:

Center for Life Experience, INC
Attn: Ann Leiker
205 East 7th Street, Suite #251
Hays, KS 67601

OR

Ann Leiker
cfl1@eaglecom.net

For more information/details or questions about being a "retreat buddy" or volunteer, you may contact Ann Leiker at: 785-259-6859 or Myrna Jordan at: 785-623-6200