

Volunteer Application



Thank you for your interest in volunteering with Zephyr Point.
The following information will help ensure a positive experience for you and Zephyr Point!

Contact Information

First Name:	Last Name:
Mailing Address:	City: State: Zip:
Home Phone:	Cell Phone:
E-Mail:	Date of Birth:

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, ministry, or through other activities, including hobbies or sports. If you are retired, what type of job did you do previously?

Tell us about your connection to Zephyr Point

Summarize your history and connection to Zephyr Point as well as any previous volunteer experience.

Please provide a Character Reference

Name: _____ **Phone:** _____

Relationship: _____

Availability

What type of volunteer experience are you looking for? One Time Ongoing Remote
 Day Weekend Week or longer

Volunteer Type

How are you looking to volunteer? Single Couple (Spouse's Name: _____)
 Family Church/Youth group **Name of Church:** _____
 Other Group **Name of Group:** _____
_____ Estimated number of people in group

Health Insurance

Do you have health Insurance? (An answer no will not disqualify you.) ___ No ___ Yes

If Yes, please provide Carrier Name: _____ Policy #: _____

Person to Notify in Case of Emergency

First Name:	Last Name:		
Mailing Address:	City:	State:	Zip:
Home Phone:	Cell Phone:		
E-Mail:			

Agreements & Signature

Confidentiality Agreement

Volunteers of Zephyr Point may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Zephyr Point that such information must be kept confidential both during and after volunteer service. Volunteers, including board members, are expected to return materials containing privileged or confidential information at the time of expiration of service.

_____ **I Agree**

Publicity Agreement

Volunteers of Zephyr Point agree and grant to Zephyr Point the right and permission to use, publish, broadcast and/or copyright the use of Volunteer's voice, photograph and/or like-ness, in all advertising, promotional, or other materials based upon or derived from the Volunteer activities in any manner and in any media formats.

_____ **I Agree**

Waiver & Release Agreement

I, the Volunteer/Guardian, release and hold harmless Zephyr Point from any and all liability claims that may occur with respect to bodily injury, personal injury, illness (including Covid-19), death or property damage that happen as a result from my participation with Zephyr Point.

_____ **I Agree**

_____ **I Agree** to receive email communication with updates about the Zephyr Point and other volunteering opportunities.

_____ **I Agree** to allow Zephyr Point to run a background check at their discretion. (This is required if the volunteer will be helping with the children/youth programs.)

Signature: _____ **Date:** _____

If under 18 years old

Parent/Guardian Signature: _____ **Date:** _____

Please return completed form by mail to:
Zephyr Point Presbyterian Conference Center
Attn: Development Department, P.O. Box 289, Zephyr Cove, NV 89448

Or email to: kkeith@zephyrpoint.org