



# Volunteer Application Form

Thank you for your interest in volunteering with *Muskegon Community College*

All volunteer applications are reviewed with consideration of current unpaid volunteer opportunities. Volunteers are required to complete a successful interview and background screening prior to being placed in a voluntary assignment.

## Personal Information

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

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

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail: \_\_\_\_\_

If you are involved with us as a volunteer and an emergency arises, whom should we contact?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Telephone: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

## Equal Opportunities

*Muskegon Community College continues to promote diversity, and believes in providing equal opportunities. MCC does not discriminate on the basis of race, color, religion, sex, national origin, marital status, sexual orientation, gender identity, transgender status, political persuasion, disability, height, weight, veteran status, age or any other protected class in any of its educational programs, activities or volunteer assignments. Minorities, women, veterans, and individuals with disabilities are encouraged to apply. Anyone with a disability will be reasonably accommodated by the College. If you have a disability and need an accommodation or assistance in applying for this volunteer (unpaid) position, please contact the Human Resources Office.*

## Additional Information

1. What kind of voluntary work interests you?

- Fabrication Lab/Sturuss Technology Center
- Food Pantry
- Athletics
- Other: \_\_\_\_\_

2. Have you ever worked for Muskegon Community College? \_\_\_\_\_

If so, dates of employment: \_\_\_\_\_

3. Are you at least 18 years or older? \_\_\_ Yes \_\_\_ No

## Reference

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

Relationship: \_\_\_\_\_

Telephone: \_\_\_\_\_

**Please read carefully before signing.**

**Release of Liability**

I understand in my connection with my voluntary involvement with MCC that any work performed as a volunteer is at my own risk for injury, accident, disease or illness. I agree to hold MCC, its Board of Trustees, Executives and Employees harmless for any acts or omissions of its employees, students, visitors, and volunteers. I hereby agree to release and discharge MCC, its officers, and directors, employees, students, agents, and volunteers from all claims, suits, demands, and actions for injuries sustained to my person and/or property as a result of my involvement in such activities; including any claims based on negligence. I hereby attest that my attendance and involvement in such activities is voluntary and without expectation of compensation or employment. I am participating at my own risk, and that I have read and agree to the foregoing terms and conditions of this release. Further any medical attention sought as the result of illness or injury would be my responsibility and/or that of my insurer.

In addition, I agree that I will comply with all applicable federal, state, and local laws as well as MCC's rules, policies and procedures while serving as a volunteer for MCC.

**I Agree**

I understand and agree that submitting this application form does not automatically register me as a MCC volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, and background check before I may begin volunteering.

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

Signature

\_\_\_\_\_

**For office use only**

**Notes**

Volunteer Position

\_\_\_\_\_  
\_\_\_\_\_

Volunteer Background Check Approval Date

\_\_\_\_\_

Volunteer Mentor: \_\_\_\_\_

Volunteer Start Date: \_\_\_\_\_