



# Adult Volunteer Application Form

Name: \_\_\_\_\_ Female  Male

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Birth Date (optional): \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email\*: \_\_\_\_\_

May we contact you on (Facebook/Tweeter) \_\_\_\_\_

Company/School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

## Emergency Contact

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

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## Availability (check all that apply)

Weekday AM Shift  Weekday PM Shift

Weekend AM Shift  Weekend PM Shift

## Type of Volunteer

Exhibit/Programs Volunteer  Family Volunteering  Special Event   
 Materials Prep  Corporate Group Projects  Other Group Projects

What would you like to learn from your volunteer experience?

List your special hobbies, skills, and talents:

What languages do you speak fluently? \_\_\_\_\_

Volunteer work experience: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## ***Volunteer Release Form***

I, \_\_\_\_\_, do hereby volunteer to provide services to ACCC Inc.

I understand that as a volunteer I am not to receive pay for my services. I understand that my services are strictly voluntarily and not to be exchanged for any favors, promises, money, gifts, or consideration of any kind.

I release ACCC, Inc., its' staff, members, other volunteers, and associated from any liability of accidents, or any incidents that may occur while I am on, or in route to and from the facility.

I am solely responsible for my own actions and cannot at any time return for compensation for any services rendered as a volunteer.

I am not offered any favors, money, gifts, or consideration of any kind, and I am not under any pressure to sign this form. I am signing this release form of my own free will.

I have received a copy of this form.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ***Photo Release Form***

I, \_\_\_\_\_, hereby give ACCC, Inc., their legal representatives, and assign the right and permissions to publish, without charge, photographs/videos taken during any ACCC, Inc. sponsored event.

These photographs/videos may be used in publications including electronic publications, audio/visual presentations, promotional literature, advertising, or in other similar ways.

I am 18 years of age or older and am competent to contract in my own name. I have read this release before signing below, and I fully understand the contents, meaning, and impact of this release.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Print Name: \_\_\_\_\_

Please return this form to:

Agape Christian Counseling Center, Inc.  
411 Maxham Road  
Suite 400-1603  
Austell, GA. 30168  
Office: 404-913-6221  
Fax: 603-947-6221  
Email address: [info@agapeccccinc.org](mailto:info@agapeccccinc.org)