



XOKIAHI CARES, INC

Volunteer Registration**221 Farenholt Ave Suite 202 Tamuning, GU 96913****P.O. Box 4328 Yigo, GU 96929 671-787-3622****Fax: 671-989-9241****volunteers@xokiahicare.org****Contact Information**

Name (required)	
Mailing Address	
Contact Phone	
Gender	
T-Shirt Size	
E-Mail Address	
Language Spoken	

Availability

During which hours are you available for volunteer assignments?

☐ Weekday mornings☐ Weekend mornings☐ Other (Please explain)☐ Weekday afternoons☐ Weekend afternoons☐ Weekday evenings☐ Weekend evenings
Interests

Tell us in which areas you are interested in volunteering

☐ Administrative☐ Angels Giving Soles☐ Event Planning☐ Angels' Heart Bags☐ Fun-Raising ☺☐ Book Bags of Blessings☐ Marketing☐ Carers' Kitchen Feeding☐ Membership☐ For The Love of My Sister☐ Newsletter☐ Humanitarian Day☐ Outreach☐ National Day of Service / Make a Difference Day☐ Photography☐ Teal & Purple Roses Project*☐ Project Management☐ Sisters of Servitude (2017)☐ Volunteer Management☐ Student Volunteer Project*☐ Training☐ Xokiahi Kids* (in progress)☐ Volunteer Coordinator

If you are applying for a specific volunteer opportunity you saw advertised, enter the name/title below:

How did you hear about us? _____

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 (use back of sheet or additional sheet if more room required).

Are you interested in performing one of our volunteer activities in your area? If so, what area

Please sign me up for the Xokiahi Cares Inc Volunteer Rewards Program ☐

Please sign me up for the Presidential Volunteer Award Program ☐

Please add me to your email listing for future volunteer activities ☐

Person to Notify in Case of Emergency

Name *(required)	
Address	
City, State, Zip	
Contact Number 1*	
Contact Number 2	
Email address	

*(required)

Releases, Agreements, and Signature**Volunteer Release**

☐ Xokiahi Cares Inc may work with vulnerable populations at anytime. In order to best serve Xokiahi Cares Inc and the clients assisted, a background check may be required to be completed at any time by potential volunteers or current volunteers to participate in that particular volunteer activity. The information may include, but is not limited to criminal history records. By initialing and signing, you are acknowledging this requirement and are willing to be contacted if required. (*required)

Medical Authorization and Hold Harmless Agreement

☐ I agree that Xokiahi Cares Inc. shall not be responsible for any injuries or losses including stolen property sustained by me while participating in Xokiahi Cares Inc. activities or as a result of any XCI affiliated activities on any other premises. I further agree to indemnify and save harmless Xokiahi Cares Inc. from any claims or demands arising out of such injuries or losses.
(*required)

Photos and Videos Agreement

☐ I agree that Xokiahi Cares Inc. shall be able to take pictures and video of my involvement in their volunteer activities, events, and community outreaches. I further agree that I understand, I will not be paid for any pictures or videos that I am featured in and these items are the property of Xokiahi Cares, Inc and Xokiahi Cares, Inc may use them in future posters, pamphlets, videos, websites, and any other media for public viewing or publishings.

I agree to the above terms and conditions: _____ Yes _____ No

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 or during participation of volunteer events may result in my immediate dismissal as a volunteer for Xokiahi Cares Inc. Thank you for completing this application form and for your interest in volunteering with Xokiahi Cares Inc. Please submit completed forms to:

volunteers@xokiahicare.org

Name (printed):
Signature:
Date:

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.

FOR OFFICE USE ONLY:

Date Received: _____ - _____ - _____ (MM-DD-YYYY)	Volunteer Category: _____
Contacted By: _____	Date Complete: _____ - _____ - _____ (MM-DD-YYYY)
Volunteer # Assigned: _____	Reviewed By: _____
Start Date: _____ - _____ - _____ (MM-DD-YYYY)	End Date: _____ - _____ - _____ (MM-DD-YYYY)
Certificate Sent: _____ - _____ - _____ (MM-DD-YYYY)	File Date: _____ - _____ - _____ (MM-DD-YYYY)
Total Time: _____	Total Hours: _____