Volunteer Intake Form

Personal Information

- Full Name: _____
- Date of Birth: ____/_____/_____
- Phone Number: _____
- Email Address: _____
- Home Address: _____

Emergency Contact

- Name: _____
- Relationship: _____
- Phone Number: _____

Expected Start Date: _____

Expected End Date (If applicable): _____

Availability (Check All That Apply)

Note: Motor City Mitten Mission operates with flexible hours, and outreach work may occur overnight. Please indicate your availability honestly so we can schedule accordingly.

Day	Available	Preferred Time(s)
Monday	☐	_____
Tuesday	☐	_____
Wednesday	☐	_____
Thursday	☐	_____
Friday	☐	_____
Saturday	☐	_____
Sunday	☐	_____

☐ I have wide-open availability

☐ I can work overnight hours (optional but appreciated)

Additional Information

- Do you have any medical conditions, physical limitations, or other needs we should be aware of?

  _____

- Do you have transportation to/from the site? Yes No
  If you have a driver's license, are you comfortable with driving our outreach vehicle and box truck? Yes No
- Are you comfortable working outside or in outreach environments? Yes No

Agreement & Acknowledgement

I understand that I am responsible for fulfilling the required hours in a respectful, timely, and reliable manner. I agree to follow all safety rules, show up when expected, treat staff and clients with respect, and communicate if I am unable to attend a scheduled shift. I understand that falsifying information may result in dismissal from the volunteer program.

Signature: _____ Date: _____/_____/_____

GENERAL RELEASE OF LIABILITY

1. THE PARTIES. This General **Release** of **Liability** ("**Release")** is **made this**

Releasor

is by **and** between:

with a mailing address of

("Releasor"), **and**

Releasee: Motor City Mitten **Mission with a** mailing **address of** 24623 **Harper** Avenue, **Saint Clair Shores**, MI **48080 ("Releasee")**.

II. LIABILITY EVENT. Under the terms of this Release and sufficiency of which is hereby **acknowledged**, the **Releasor** hereby **releases and forever discharges the Releasee** of **any liability for** any **work-related** injury, **accident** or incident.

THEREFORE **under** the terms of **this** Agreement **and sufficiency of** which **is** hereby **acknowledged,** do hereby release **and forever** discharge **the** Releasee including **their agents, employees**, **successors and assigns**, **and their** respective **heirs**, personal representatives, **affiliates, successors and** assigns, **and any and** all persons, firms or **corporations liable** or who **might** be **claimed** to **be** liable, **whether or** not herein **named**, none of whom **admit any liability** to the **undersigned,** but **all expressly denying liability**, **from** any and **all claims**, **demands**, **damages**, **actions**, causes of **action or suits** of **any kind or nature whatsoever**, which now have or **may hereafter have**, **arising out of or in any way relating** to **any and** all **injuries** and **damages of any** and every kind, to both person **and** property, and **also any and all injuries and damages that may develop** in the **future**, as **a** result **of** or in any **way relating** to the **Liability**.

It is understood and agreed **that this** Release is made and received in full **and** complete **settlement and satisfaction the causes of action**, **claims and demands mentioned** herein; **that** this **Release** contains **the** entire **agreement** between **the Releasor and Releasee; and** that the **terms** of **this** Release are contractual and not merely **a** recital.

IV. BINDING EFFECT. **This Release** shall **be** binding upon the undersigned, **and** his **respective heirs**, **executors**, **administrators**, **personal** representatives, successors **and assigns**.

Releasor's **Signature**: _____

Print **Name**: _____ **Date:** _____