



EL CAMPITO CHILD DEVELOPMENT CENTER
EL CAMPITO
CENTRO DE EDUCACION PREESCOLAR

El Campito Inc. • 1024 Thomas Street South Bend, IN 46601 • P: 574-232-0220 • F: 574-232-7662 • www.elcampito.org

El Campito Volunteer Application

Thank you for your interest in volunteering for El Campito! Volunteers must be 14 years of age or older. We accept volunteers from 7 am -12 pm and 2 pm - 5 pm, Monday through Friday. Please complete the following form and email it to denyse@elcampito.org.

1. Email

2. Full Name

3. Date of Birth

4. Are you over 18?

Yes, I am 18 or older

No, I am between 14 and 17 and will provide a written parent/guardian permission slip.

5. Address

6. Phone Number

7. Email

8. Are you volunteering with an organization or school?

Yes

No

If yes, name the organization/school below, and if you are involved with a specific class or project/how many hours do you need to document:

11. Start date for volunteering (if applicable)

12. End date for volunteering (if applicable)

13. Availability (Days of the week, times, etc.)

14. How many hours a month are you interested in volunteering? (Volunteers in classrooms more than 8 hours a month must complete a Limited Criminal History Check.)

I am interested in volunteering once or for special events only / I am interested in volunteering less than 8 hours per month

I am interested in volunteering more than 8 hours per month and consent to completing a Limited Criminal History Check.

15. What sort of volunteering would you be interested in doing? Check all that apply.

Working with toddlers (ages 1-2)

Working with preschoolers (ages 3-5)

Working with school-aged children (ages 6-12, pm only)

Other work, not directly with children (cleaning, gardening, etc.)

Special Events (Holiday Program, Back to School Picnic, etc.)

Other:

16. Tell us about any previous volunteering experiences and any skills or hobbies you have that could enrich your time at El Campito (foreign languages, musical talents, etc.)

VOLUNTEER RELEASE AND WAIVER OF LIABILITY FORM

This Release and Waiver of Liability releases El Campito Inc., a nonprofit corporation organized and existing under the laws of the State of Indiana, and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for El Campito Inc. and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with El Campito Inc. is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that El Campito Inc. will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for their insurance coverage in the event of personal injury or illness due to Volunteer services to El Campito Inc.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless El Campito Inc. and its successors and assigns from any liability, claims, and demands of whatever kind of nature, either in law or in equity, which arises or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges El Campito Inc. from any liability or claim that I may have against El Campito Inc. concerning bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to El Campito Inc. or occur while I am providing volunteer services.
2. Insurance: Further, I understand that El Campito Inc. does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any claim for compensation or liability on the part of El Campito Inc. that is beyond what El Campito Inc. may offer in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I now Release and forever discharge El Campito Inc. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with El Campito Inc.
4. Assumption of Risk: I understand that the services I provide to El Campito Inc. may include activities that may be hazardous to me, including, but not limited to, moving furniture, boxes, and gardening, involving inherently dangerous activities. As a volunteer, I assume the risk of injury or harm from these activities and release El Campito Inc. from all liability.
5. Photographic Release: I grant and convey to El Campito Inc. all right, titles, and interests in any photographs, images, video, or audio recordings of me or my likeness or voice made by El Campito Inc. in connection with my providing volunteer services to El Campito Inc.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad as permitted by the laws of the State of Indiana and that this Release shall be governed by and interpreted by the laws of the State of Indiana. I agree that if any clause or

provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

- I express my understanding and intent to enter this Release and Waiver of Liability willingly and voluntarily.
- I have read and understand the Volunteer Release and Waiver of Liability.

Signature & Date