



## INDIVIDUAL VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Are you 16 years of age or older?: \_\_\_\_\_ Yes \_\_\_\_\_ No

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List two references: employer/business, volunteer organization, school or friends:  
(Name) (Phone) (Email)

1. \_\_\_\_\_

2. \_\_\_\_\_

Special Skills/Education/Training/Hobbies: \_\_\_\_\_

List any languages, other than English, which you speak fluently: \_\_\_\_\_

### Volunteer Availability

Please check the day(s) and time(s) you are available to volunteer:

\_\_\_ Weekday (M-F 10a – 6p)    \_\_\_ Evening (6p-9p)    \_\_\_ Saturday (10a-4)

### Volunteer Interests

Please check your area of interest:

\_\_\_ Attorney    \_\_\_ Administrative Support    \_\_\_ Direct Youth Service

\_\_\_ Event Planning    \_\_\_ Fundraising/Sponsorship    \_\_\_ Grant Writing

\_\_\_ Web Design/Edit    \_\_\_ Writers/Editors    \_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_



## VOLUNTEER POLICIES & PROCEDURES

### I. ELIGIBILITY

- a. Hip Hop 4 Life reserves the right to accept, decline or release any volunteer at any time.
- b. Volunteers must be 16 years of age or older upon commencement of volunteer tasks.
- c. Volunteers must have fingerprinting and background checks conducted by the New York City Department of Education prior to volunteering for any positions involving direct contact with youth participants.

### II. VOLUNTEER CODE OF CONTACT

- a. Work harmoniously with Hip Hop 4 Life's Staff, Directors, Advisors, youth participants and other volunteers.
- b. Be dependable in attendance, punctuality and performance of duties.
- c. Listen sympathetically to youth participants but never offer personal opinions.

### SIGN, INITIAL, OR COMPLETE STATEMENTS BELOW

I agree not to consume or use tobacco products on any on-site volunteer assignments that require interaction with Hip Hop 4 Life's participating youth. \_\_\_\_\_(Initial)

I agree not to consume, use, possess or be under the influence of any drug or alcohol products on any volunteer work assignment. \_\_\_\_\_(Initial)

Have you ever been convicted and/or placed on probation for any criminal offenses? Yes / No  
If yes, provide dates and detailed information (including misdemeanor offenses):

\_\_\_\_\_

Do you have a condition that might affect your performance in a volunteer assignment? Yes / No  
If yes, please explain: \_\_\_\_\_

I grant Hip Hop 4 Life permission to use my likeness, voice, photograph and words in any form for promotional activities without payment. \_\_\_\_\_ (Initial)

I understand that any pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in Hip Hop 4 Life will result in dismissal. \_\_\_\_\_(Initial)

I understand that my volunteer position with Hip Hop 4 Life may be terminated at any time. \_\_\_\_\_(Initial)

### IN CASE OF EMERGENCY, PLEASE NOTIFY:

Name and Relation: \_\_\_\_\_

Phone (Day) \_\_\_\_\_ Phone (Evening/Weekends) \_\_\_\_\_

**COMPLETE THIS SECTION**

I, \_\_\_\_\_, choose to participate in Hip Hop 4 Life's Volunteer Program as a volunteer. I understand that my services are donated to Hip Hop 4 Life without compensation or future employment, and are given for humanitarian or charitable reasons. I will immediately report any situation, which raises a health or safety concern or appears to involve unlawful or dangerous conditions. I will follow all New York State and Federal laws governing workplace harassment. I hereby accept and will follow Hip Hop 4 Life's Volunteer Policies and Procedures and agree to abide by any rules and directions of Hip Hop 4 Life and the Volunteer Program.

I, \_\_\_\_\_, (volunteer) shall indemnify, defend, release and hold harmless Hip Hop 4 Life, its Directors, Advisors and Volunteers from and against any and all claims for bodily injury or death, damage to property, demands, damages, actions, suits, losses, judgments, obligations and any liabilities, costs and expenses, which arise or are in any way connected with the work performed or services provided under this agreement.

**ACCEPTED AND AGREED:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

Please complete the attached forms and return to:  
Hip Hop 4 Life, Inc.  
Attn: Staffing/Volunteer  
147 Prince Street, Suite 2, Brooklyn, NY 11201  
**Or**  
Fax to 646-706-7377