



MISSION CENTRAL

Thank you for choosing to volunteer and serve at **Mission Central!**

Volunteers are essential to the work that we do here. Without each and every one of you, the miracles that happen here would not be possible.

The work that you do at **Mission Central** will reach throughout Pennsylvania, across the United States and all around the world. Whether you are assembling disaster relief kits, organizing donations, helping to maintain the building or doing any one of a number of other jobs here, your efforts are helping someone, somewhere. You may never know the full impact of your work, or you may find yourself a part of one of our many “God Moments” and learn first-hand the results of your time spent here...rest assured, what you do here really means something.

During your day we have a full kitchen available. **In an effort to reduce plastic bottle waste, we now have filtered and purified water available (both hot and cold). We encourage the use of refillable water bottles and have Mission Central travel mugs for sale for \$5 each.** If you prefer to go out to eat, there are many restaurants located nearby. Menus are kept in the kitchen. If you need lodging during your stay, please check with our volunteer coordinator or check the **Volunteer tab** on our website, **missioncentral.org**. **Mission Central** staff members are always here to help. Please let us know how we can assist you while you are here.

Please review the enclosed forms, **especially our Volunteer Skills and Interests Form**. We’ve created this to find out what gifts and interests you bring, so that we can provide the best experience for you. Also, from time to time, certain needs may arise, and then we will have record of who may be interested and available.

Consider making a financial gift to **Mission Central** in addition to the gift of your time and talents. **A donation of \$25 will typically sponsor the cost of 2 kits. A donation of \$75 will cover the cost of a cleaning bucket. Donations of \$500 or \$1,000 will help cover the cost of a ½ day or a full day of operations here at Mission Central. For these gifts, we provide recognition on our website and this is a great way to commemorate important dates or events.** Gifts of any amount are always welcome and can be made in person or online at **missioncentral.org**. If you have any questions about donations, please see a staff member.

Thank you again for your time and willingness to serve. We are thrilled that you have chosen to join us and we welcome you to the **Mission Central** family!

WELCOME!



Volunteer Skills and Interests Form

Name: _____

In an attempt to best utilize our volunteers' skills and abilities, we are requesting that you review the following list and check any of the areas where you would be willing to help out. Also, if you are available to help on a regular basis, please let us know what day(s) works best for you.

Monday Tuesday Wednesday Thursday Friday Saturday

Administrative/Organizational Support

- | | |
|-----------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Board or Committee Member | <input type="checkbox"/> Computer/Internet Services |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Donations Pickup | <input type="checkbox"/> Fundraising Events |
| <input type="checkbox"/> Receptionist/Telephone Answering | <input type="checkbox"/> Donations Sorting/Packing |
| <input type="checkbox"/> Grant Request Writing | <input type="checkbox"/> Assemble Kits |

Construction/Maintenance

- | | |
|-------------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Custodial |
| <input type="checkbox"/> Tree Planting | <input type="checkbox"/> Yard Care |
| <input type="checkbox"/> Facility Design/Construction | <input type="checkbox"/> Gardening |
| <input type="checkbox"/> Lawn Care | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Window Washing | <input type="checkbox"/> Other _____ |

Disaster/Emergency Services

- | | |
|-------------------------------------------------------|----------------------------------------|
| <input type="checkbox"/> Emergency Medical Technician | <input type="checkbox"/> First Aid/CPR |
|-------------------------------------------------------|----------------------------------------|

Special Event Support

- | | |
|----------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Setup/Cleanup | <input type="checkbox"/> Event Coordination |
|----------------------------------------|---------------------------------------------|

Communications/Marketing

- | | |
|---------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Video Production |
| <input type="checkbox"/> Desktop Publishing | <input type="checkbox"/> Writing |



RELEASE AND WAIVER OF LIABILITY

Please read carefully as this is a Legal Document that affects your Legal Rights

THIS RELEASE AND WAIVER OF LIABILITY (the “Release”) is executed on the date below, by the undersigned volunteer (the “Volunteer”) in favor of a nonprofit corporation, its directors, employees, and agents (collectively). The volunteer desires to work as a volunteer for Mission Central and engage in the activities related to being a volunteer.

Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

1. **RELEASE AND WAIVER:** Volunteer does hereby and forever discharge and hold harmless Mission Central and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise, either directly or indirectly, as a result of the Volunteer’s activities at Mission Central.

Volunteer understands and acknowledges that this Release discharges Mission Central from any liability or claim that the Volunteer may have against Mission Central with respect to any bodily injury, illness, death, or property damage that may result from Volunteer’s activities with Mission Central, whether caused by the negligence of Mission Central or its officers, directors, employees, other volunteers or agents, or otherwise. Volunteer also understands that Mission Central does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

2. **MEDICAL TREATMENT:** Volunteer does hereby release and forever discharge Mission Central from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with Volunteer’s activities with Mission Central.
3. **ASSUMPTION OF RISK:** Volunteer understands that the work for Mission Central may include activities that are inherently dangerous to Volunteer, including, but not limited to, construction, loading and unloading, and travel to and from the work sites. Volunteer hereby expresses and specially assumes the risk of injury, illness, death, and property damage resulting from functions associated with Volunteer’s activities for Mission Central.
4. **INSURANCE:** Volunteer understands that, except as otherwise agreed to by Mission Central in writing; Mission Central does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.
5. **PHOTOGRAPHIC RELEASE:** Volunteer does hereby grant and convey unto Mission Central the right to freely reproduce and/or circulate any photographs or other recordings of Volunteer for any lawful purpose. Volunteer shall not be entitled to any compensation therefore, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Initials

~ Continued on other side of this form ~



RELEASE AND WAIVER OF LIABILITY

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6. **OTHER:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the state of Pennsylvania and that this release shall be governed by and interpreted in accordance with the laws of the State of Pennsylvania. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.
7. **FOR ALL ADULTS ACCOMPANYING GROUPS OF YOUTH OR CHILDREN:** Attached are your background checks required by Pennsylvania State Law. Yes _____ Not Applicable _____

Initials

Initials

Please note: Anyone without Pennsylvania State clearances attached to this form will not be permitted to take a leadership or supervisory role with any individual child or group of children or youth at Mission Central.

PLEASE PRINT LEGIBLY

I have read the **Release and Waiver of Liability Form** and execute this Release under the terms listed above.

Volunteer Signature _____ Date: _____

Printed Name of Volunteer: _____

Volunteer Address: _____ City, State & Zip: _____
(Please put your home address, not your business address)

Daytime Phone: _____ Emergency Contact Phone: _____

Email Address: _____

Skills: _____

Witness Signature: _____ Printed Name of Witness: _____

Witness's Relationship to Volunteer: _____



Parental / Medical Consent Form

(To be used when bringing any minor to Mission Central who is not your child)

Please **complete** and **sign** this form and return to Mission Central **prior** to your volunteer date.

Work Date _____

Last Name _____ First Name _____ M F D.O.B. _____ Age _____

E-mail _____

Address (Street, City, Zip) _____

Home phone number () _____ Cell () _____

Name of Parent1/Guardian _____ Name of Parent2/Guardian _____

Address (if different from volunteer) _____ Address (if different from volunteer) _____

E-mail _____ E-mail _____

Home Ph () _____ Home Ph () _____

Work Ph () _____ Work Ph () _____

Cell Ph () _____ Cell Ph () _____

Alternate Emergency Contact Person: _____ Relationship: _____

Alternate Emergency Phone Number () _____

INSURANCE:
Health Insurance Co. _____

ID/Policy No. _____

List any food and /or drug allergies _____

What kind of reaction? _____

Have you ever had a history of behavioral or emotional problems? Yes or No If yes, please describe: _____

Any Disabilities? _____

Limitations or suggestions regarding activities: _____

Any other special needs or special care? _____

Is there any other information about the worker we should know? _____

Mission Central
5 Pleasant View Drive
Mechanicsburg, PA 17050

Phone: 717-766-1533
Email: missioncentral@susumc.org

MEDICAL CONSENT AND AUTHORIZATION: In the event of an emergency or non-emergency situation requiring medical treatment of the volunteer during his/her attendance, I/We, the undersigned parents(s) of the volunteer, give Mission Central my/our consent and authorization for medical treatment that is deemed necessary by qualified medical personnel for the proper care and treatment of the volunteer, including but not limited to administration of first-aid, use of an ambulance, and/or x-ray examination.

Parent 1/Guardian Signature _____ Parent 2/Guardian Signature _____

Parent /Guardian Name (print) _____ Parent/Guardian Name (print) _____

Relationship to the Volunteer _____ Relationship to the Volunteer _____



Background Clearances Verification Form

_____, 20__

I hereby certify that the leaders listed below have their current background checks in compliance with Pennsylvania State Law in order to supervise children and/or youth.

~ Please print legibly ~

Church Name: _____

Church Address: _____

Church Phone #: () _____ Church E-mail: _____

List Youth Leader names below:

Signature of Person Authorizing the above statement: _____

Print Name (Signature above): _____ Date: _____

Witness: _____

