



Special Journeys, LLC
P.O. Box 583, Boys Town, NE 68010
(402) 884-1014 lexi@specialjourneys.org

Volunteer Staff Application

Name _____

Address _____

DOB (necessary for travel docs) _____ Do you have a valid US Passport: Yes / No

Phone with area code _____ Best time to contact you: _____

E-mail address: _____

Are you CPR certified? Yes / No Are you a CNA? Yes / No

*Emergency contact person: _____ Relationship: _____

Emergency contact's phone number: _____ (circle one) Home # / Work #

Part 2: Jobs

Current Job

Month/Year Employment Started _____ Position: _____

Employer Name and Address: _____

Supervisor Name: _____ May we contact him/her? Yes / No

Supervisor Phone _____ E-mail: _____

Last Job

Month/Year Employment Started _____ Position: _____

Employer Name and Address: _____

Supervisor Name: _____ May we contact him/her? Yes / No

Supervisor Phone _____ E-mail: _____

Part 3: References

Please list three 3 references besides current supervisor or relatives. References will be contacted.

Reference 1 Name: _____

Phone Number: _____ Relationship: _____

Reference 2 Name: _____

Phone Number: _____ Relationship: _____

Reference 3 Name: _____

Phone Number: _____ Relationship: _____

Part 4: Experiences

Please list and explain any experiences you've had working with Special Needs or related activities. (Special Olympics, Camp Counselor)

- 1) _____

- 2) _____

- 3) _____

Part 5: Availability

Please give a brief summary of your availability for trips. Include your flexibility at your job and how much notice you would need to do a trip as well as how long you are able to take time off.



Volunteer Agreement & Release

Volunteer's Name: _____

I acknowledge and agree that any activities I provide for Special Journeys, LLC, unless a separate written agreement exists, will be exclusively as a volunteer, not as an employee, and therefore I have no expectation of and hereby waive and release any claim for personal compensation, remuneration or benefits in any form at any time.

In consideration for traveling on a trip I hereby agree to release and discharge Special Journeys, LLC, it's members, volunteers, travelers, employees, and all other persons or entities acting in any capacity on their behalf (hereinafter collectively referred to as "Special Journeys"), on behalf of myself, my children, my parents, heirs, assigns, personal representatives and estate as follows:

- (1) I acknowledge that trips may entail risks which could result in illness, aggravation of an existing illness or condition, physical or emotional injury, permanent disability, death, or damage to me, to property, or to third parties.
- (2) I hereby voluntarily release, waive, covenant not to sue, forever discharge and agree to indemnify and hold harmless Special Journeys from any and all liabilities, claims, demands, actions and/or causes of action whatsoever which are in any way connected with my participation in the trip and in transit to or from the trip, including any such claims which allege negligent acts or omissions of Special Journeys to the fullest extent permitted by law.
- (3) I agree that if any portion of this agreement is held to be invalid by a court of law, then it is agreed and intended that all the remainder shall, notwithstanding, continue in full force and effect.
- (4) In the event that I sue Special Journeys, I agree the Venue of any dispute arising from this agreement or otherwise between the parties to which Special Journeys is a party shall be Douglas County, Nebraska. I further agree that the substantive law of Nebraska shall apply in that action without regard to the conflict of law rules in Nebraska.

VOLUNTEER HAS CAREFULLY READ THESE TERMS AND FULLY UNDERSTANDS THEIR CONTENT AND IS AWARE THAT THIS IS A RELEASE OF LIABILITY, EVEN IF ARISING FROM THE NEGLIGENCE OF SPECIAL JOURNEYS, AND A CONTRACT BETWEEN VOLUNTEER AND SPECIAL JOURNEYS AND SIGNS OF HIS OR HER OWN FREE WILL.

Signed: _____

Print Name: _____ Date: _____

Medical Emergency & Photo Release

Medical Emergency

In case of a medical emergency, I understand that every reasonable effort will be made to contact the emergency contact(s) I listed on the volunteer application form. In the event that my contact(s) cannot be reached, or if Special Journeys, the attending physician and/or the health care provider believes that immediate care without delay is required or appropriate, I hereby give permission to the physician or health care provider selected by the Special Journeys trip leader to secure medical treatment, hospitalization, secure anesthesia, and/or to order to consent to injection, surgery or medication for me.

Signed: _____

Print Name: _____

Photo Release

I do hereby consent to the use of my image by Special Journeys, LLC for any and all purposes, including without limitation video, still photographs, publication, and any trade or advertising purposes, providing such uses are not made so as to constitute a direct endorsement of any product or service.

Signed: _____

