

Summit Academy OIC  
 935 Olson Memorial Highway  
 Minneapolis, MN 55405  
 Fax to: 612-278-5242  
[Email to: HR@saoic.org](mailto:HR@saoic.org)



## Volunteer Application

**PLEASE PRINT**

Last Name	First Name	Middle Initial
Address		
City	State	Zip Code
Home Phone	Work Phone	Ext.
Cell Phone	Email Address	
If student, current grade or year	School Attending	
Occupation	Employer	
Emergency Contact Information	Emergency Contact Numbers	
Contact Name	Phone 1: (     )	
Relationship	Phone 2: (     )	
Please <i>CIRCLE</i> which month(s) you are available to volunteer: Jan - Feb - March - Apr - May - June - July - Aug - Sept - Oct - Nov - Dec		
<i>CIRCLE</i> which day(s) you are available to volunteer: _____ Time(s) _____ Monday - Tuesday - Wednesday - Thursday - Friday - Saturday - Sunday		
<b>How did you learn about Summit Academy OIC?</b>		Referral? (Name) _____
Church/Organization/Business/School: _____		
Bridging ___ SAOIC Website ___ TV ___ Newspaper ___ Radio ___ Other ___		
What volunteer work are you interested in?		

I understand that I am not an employee of Summit Academy while performing volunteer work for the organization. I further understand that as a volunteer, I am not covered by Worker's Compensation insurance (medical coverage or loss of wages) for injury that may occur while I am acting as a volunteer.

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Summit Academy, a nonprofit organization, I hereby agree for myself, my heirs, assigns, executors and administrators to release and discharge Summit Academy, its officers and directors, employees, agents and volunteers from all claims, demands and actions for injuries sustained to my person and or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Summit Academy, its office's and directors, employees, agents and volunteers harmless from any cause of action, claim or suit arising therewith. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk and that I have read the foregoing terms and conditions of this release.

I further grant to Summit Academy, my consent and full right to use my name, photograph, likeness, image, and biography in any and all media publications, advertising and publicity in connection with my participation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE NOTE:** All volunteers under the age of 18 must have a parent or guardian's permission and signature before approval and commencement of volunteer work.