



Sky Ranch Youth Volunteer Application

Date of application:

Name:	Phone number:
Address:	Email address:

Please list any friends or relatives at Compassion:

Have you been involved with Compassion in any capacity?

Briefly give a statement of faith and state your personal beliefs about God.

List the name and address of the local church you attend.

I certify that the answers given herein are true and complete to the best of my knowledge.

Signature of Applicant

Date

Signature of Parent or Guardian if under 18

Date



In response to the Great Commission, Compassion International exists as an advocate for children, to release them from their spiritual, economic, social and physical poverty and enable them to become responsible and fulfilled Christian adults. The ministry is an evangelical Christian child development organization which began in 1952 and now assists over 1.8 Million needy children in over 25 countries worldwide.

Volunteer Statement

I hereby state that I understand that I am engaging in an Impact Day Experience with Compassion International and will not be paid any wages, salary, or any type of compensation for my involvement. I am serving as a volunteer and NOT AS AN EMPLOYEE.

As a participant, I realize that I have no legal claims for minimum wages, overtime premiums, unemployment compensation, or other provisions of law for employees. Rather, it is my desire to help Compassion accomplish its God-given purpose stated above.

Volunteer's Signature

Date



RELEASE FOR USE OF PHOTOS AND LIKENESS BY COMPASSION INTERNATIONAL

I understand that Compassion International, Incorporated (“Compassion”) may take photographs, video, audiotape and other image and sound-based media of volunteers. Compassion may wish to use such photographs for educational, promotional, advertising, recruiting and other purposes. This permission for release, without compensation or prior notice, would allow Compassion to use photographs in printed publications, during presentations, and otherwise.

Therefore, I hereby freely and voluntarily consent to the use and publication of my first name, participation, picture, and/or likeness by Compassion and/or its employees and/or agents for any and all purposes including, but not limited to, educational, promotional, advertising, recruitment and trade, through any medium or format, including, but not limited to, videotape, audiotape, film, photograph, email, television, radio, digital, internet, theater, or exhibition, at any time from this date forward until I revoke this consent in writing. I further waive any claims against Compassion and/or its employees and/or agents based upon or related to its use or publication of my likeness, voice, participation, and/or picture.

I freely give this authorization without expectation of compensation.

Date _____

Signature

Printed Name

Required if under 18 years of age:

Parent or Guardian Signature

Printed Name of Parent or Guardian

If this box is checked, I do not grant the releases contained in this section.