

EDUCATION + PREVENTION = CHILD PROTECTION

GASP

GASP VOLUNTEER APPLICATION PLEASE PRINT LEGIBLY

DATE _____

NAME _____
First Middle Last

ADDRESS _____ Apt No. _____

CITY STATE ZIP CODE

PHONE _____
(Home) (Business, if applicable)

(Cell phone)

E-MAIL ADDRESS _____
(Please print clearly) (Second E-mail option)

CHECK AREAS OF INVOLVEMENT (see Attachment for descriptions):

- | | |
|-------------------------------------|--------------------------------------|
| _____ 1. Court Observation | _____ 4. Fund Raising/Special Events |
| _____ 2. Education/Speaker's Bureau | _____ 5. Search Teams/Safety Patrols |
| _____ 3. Fingerprinting/Child ID | _____ 6. Board/Advisory Board |

Please sign and return all forms to:

53 University Avenue, 4th Floor, Akron, OH 44308
(330) 247-1402 or (330) 434-GASP

Thank you for volunteering for this very worthwhile organization. Volunteer participation is dependent upon successful background check.

GASP APPLICATION ATTACHMENT

COURT OBSERVATION – Attend local trials, hearings and parole hearings for sex predators. Trials are held weekdays; volunteers should be available during working hours in order to sign up for attendance at trials.

EDUCATION/SPEAKER’S BUREAU – Implement training programs/represent GASP by speaking at community organizations

FINGERPRINTING/CHILD ID – Fingerprint children at community events and provide support (sign-up; registration)

FUND RAISING/SPECIAL EVENTS – Assist with various community and fundraising events

SEARCH TEAMS/SAFETY PATROLS – Assist law enforcement in the event of Amber Alert situations such as missing and abducted children; patrol at local events such as “Trick or Treat”

BOARD OF TRUSTEES/ADVISORY BOARD – Serve on Board of Trustees or Advisory Board. Board members must be approved by vote of current Board.

**RELEASE AND WAIVER OF LIABILITY,
ASSUMPTION OF RISK AND INDEMNITY AGREEMENT
GASP, INC.**

IN CONSIDERATION of being permitted to participate in any way in the activities of GASP, Inc., THE UNDERSIGNED, for himself or herself, his or her personal representatives, heirs, and next of kin:

1. HEREBY RELEASES, WAIVES, DISCHARGES AND COVENANTS NOT TO SUE GASP, INC. and its directors, officers, agents and employees ("herein GASP"), FROM ALL LIABILITY TO THE UNDERSIGNED, his or her personal representatives, assigns, heirs, and next of kin, FOR ANY AND ALL LOSS OR DAMAGE, AND ANY CLAIM OR DEMANDS THEREFORE ON ACCOUNT OF INJURY TO THE PERSON OR PROPERTY OR RESULTING IN DEATH OF THE UNDERSIGNED ARISING OUT OF OR RELATED TO THE ACTIVITIES OF GASP, WHETHER CAUSED BY THE NEGLIGENCE OF GASP OR OTHERWISE.

2. HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS GASP FROM ANY LOSS, LIABILITY, DAMAGE, OR COST it may incur arising out of or related to the activities, WHETHER CAUSED BY THE NEGLIGENCE OF GASP OR OTHERWISE.

3. HEREBY ASSUMES FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE arising out of or related to the activities whether caused by the NEGLIGENCE OF GASP or otherwise.

4. HEREBY agrees that this Release and Waiver of Liability, Assumption of Risk and Indemnity Agreement extends to all acts of negligence by GASP, and is intended to be as broad and inclusive as is permitted by the laws of the State in which the activity is conducted and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I HAVE READ THIS RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK AND INDEMNITY AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.

VOLUNTEER

Date: _____

SUMMIT COUNTY SHERIFF'S OFFICE
SHERIFF KANDY FATHEREE
WAIVER FOR RELEASE OF INFORMATION

- SCJ STAFF
- SCJ JAIL VOLUNTEER
- ORIANA STAFF
- OTHER GASP

Forms completed more than (60) days old will not be accepted. Release of information to third parties is prohibited by Federal and State statutes. Please print legibly.

Full Name: _____ Alias/Maiden Name: _____

Address: _____

City, State and Zip Code: _____

Date of Birth: _____ SSN#: _____

Place of Birth: _____ Sex: Male Female

List all of the states that you have lived in: _____

Telephone Number: _____ Emergency Contact # _____

Color of Hair: _____ Color of Eyes: _____ Height: _____ Weight: _____

Name of Organization that you will be volunteering with (If Applicable: GASP)

(Only complete if ID Badge is needed – For Office Use Only)

ID badge requested to be processed at this time. Yes No

Department: Medical Behavioral Health Inmate Service Staff Other _____

Full Name preferred on front of ID card: _____

Full-time Part-time Temporary ID # _____

I hereby authorize the Summit County Sheriff's office to complete a record check on the information on the above name. I agree to hold any source of information blameless for any error in reporting this information. I release all persons from any damage on account of furnishing said information whether or not final disposition is known.

Signature: _____ Date: _____

Please write legibly. All information must be completed. YOUR DRIVER'S LICENSE NUMBER OR STATE ID NUMBER MUST ACCOMPANY THIS WAIVER. Return the completed waiver to GASP, 53 University Avenue, 4th Floor, Akron, OH 44308. Thank you for your cooperation.

ADMINISTRATION ONLY	
<input type="checkbox"/> APPROVED	<input type="checkbox"/> DISAPPROVED
_____ Division Commander	

DRIVER'S LICENSE NUMBER
