

Office Use Only

Copy of Lic \_\_\_\_\_

Signed  
Waiver \_\_\_\_\_



Volunteer / Counselor Application – Spa Experience  
Glen Ivy Retreat Center – Corona, California  
June 20 – 26, 2010

Thank you for your interest in participating with Angel Faces. Please fill out this information sheet and return it by **June 11, 2010**. This information will be kept confidential and only seen by the facilitators of the retreat. If you have any questions, please contact Anna Callan at: [anna@angelfacesretreat.org](mailto:anna@angelfacesretreat.org). Thank you again for your interest, we look forward to working with you.

**Personal Information**

Last Name:		First Name:		M.I.	
Address:				Birth date:	
Home Phone:		Alternate Phone:		Email Address:	
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single	Do you have any specific licenses or certifications?	<input type="checkbox"/> Yes (please attach a copy) <input type="checkbox"/> No		
Have you ever been convicted or arrested on a misdemeanor or felony charge? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you taking any required medications at this time? If yes, please indicate what medications you are taking, and what they are for.	<input type="checkbox"/> Yes		
			<input type="checkbox"/> No		

**Job Information**

Current Employer:		Dates Employed:	
Job Title:		Describe your job duties:	
Why do you want to volunteer for Angel Faces?			
Please check your area of expertise.	<input type="checkbox"/> Massage Therapy <input type="checkbox"/> Aesthetician <input type="checkbox"/> Nail Technician <input type="checkbox"/> Hair Stylist <input type="checkbox"/> Other: _____		

**Emergency Contact Information**

Full Name:		Phone Number:	
Address:		Alternate Phone:	
Relationship:			

**Reference**

Name:		Phone Number:	
Organization:		Address:	



## Volunteer Consent and Waiver Form

**\*\*\*By signing this form the Volunteer affirms having read it\*\*\***

1. General Services: I hereby give permission to the Angel Faces facilitators or someone directed by him/her, to provide emergency medical services, should the need arise. Additionally, I hereby agree that in the event that services or medical treatment is needed other than provided at the retreat, I accept full and complete responsibility.
2. Personal Property: I hereby agree that ANGEL FACES will not be responsible for loss, theft or damage to any personal property.
3. Risk of Bodily Injury: I hereby acknowledge and understand the activities engaged in during the retreat may take place away from the retreat location and may involve risk of personal injury. I voluntarily and knowingly acknowledge, accept and assume the risk of personal associated with such activities conducted by ANGEL FACES at the retreat or other locations. I hereby agree to and do release ANGEL FACES and any other physical location(s) which Angel Faces attends during the retreat from any and all responsibility or liability for any bodily injury including but not limited to paralysis, blindness, incapacity, disablement, and/or death due to my participation in activities at ANGEL FACES and any other locations.
4. Confidentiality: I understand that by virtue of my participation in the Angel Faces Retreat, I will be exposed to events, expressions and experiences personal to the participants of the Retreat. I hereby understand and agree that any and all events, discussions and occurrences taking place during the Retreat are and shall be considered confidential and private and shall not be disclosed by myself to any other person, including but not limited to any media, newsprint, magazine, internet, television and/or radio, without prior written consent of Angel Faces, Inc. I further understand that should I disclose without permission any confidential and private events, discussions and occurrences, I may be subject to liability for, among other claims, disclosure of private facts. I hereby agree to be bound to this Confidentiality Agreement.
5. Photo release: The continued success of Angel Faces relies heavily upon the ability to sustain funding. In order to continue and expand the program, maintain and seek new supporters, we must share our vision in a variety of ways. This includes but is not limited to: video presentations, slide shows, newspaper or magazine articles, descriptive brochures, television or radio programs, and photographs. I give permission for any and all photographs, video and media of myself to be released to the public for the purposes of promoting Angel Faces.
6. Zero Tolerance: Angel Faces is known for its harmonious, tranquil and healing environment. We reserve the right to send home any volunteer from the retreat that is troublesome, violent, threatening or disruptive to the program, participants, other volunteers or the facility. This includes a zero tolerance policy for smoking, use of alcohol, the use of any prescription drugs for which the user does not have a current and valid medical prescription, and the use of any illegal/illicit drugs.

This consent form is valid from the date signed through December 31, 2011.

Signature of Volunteer	Printed Name of Volunteer
Date: _____	



# Confidentiality Agreement

2010 Retreat

June 20 - 26, 2010

**\*\*\*By signing this form the Volunteer affirms having read it\*\*\***

I, \_\_\_\_\_ (PRINT NAME) , understand that by virtue of my participation in the Angel Faces Retreat, I will be exposed to events, expressions and experiences personal to the participants of the Retreat. I hereby understand and agree that any and all events, discussions and occurrences taking place during the Angel Faces Retreat are and shall be considered confidential and private and shall not be disclosed by myself to any other person, including but not limited to media, newsprint, magazine, internet, television and/or radio, without prior written consent of Angel Faces, Inc.. I further understand that should I disclose without permission any confidential and private events, discussions and occurrences, I may be subject to liability for, among other claims, disclosure of private facts. I hereby agree to be bound to this Confidentiality Agreement.

_____	_____
Signature of Volunteer	Printed Name of Volunteer
Date: _____	