

# HOPEWAY VOLUNTEER APPLICATION

*Please complete all sections and print clearly.*

## PERSONAL INFORMATION

Full Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

## VOLUNTEER INTEREST

Days Available:  S  M  T  W  Th  F  Sat

Best Time of Day:  Morning  Afternoon  Evening

How did you hear about us? (Walk In, Advertisement, Employee Referral, Other)

Check which projects you would be interested in helping with:

Outdoor (Greenhouse, trails, general facility maintenance)

Administrative (Mailing, brochure assembly, client gift bags)

Events (Set-up, cash box, check-in, clean-up, etc.)

## SKILLS

Do you have any special skills, experience and/or training that would enhance your ability to perform the volunteer position applied for? If yes, explain.

Computer Skills (Please describe all applications, programs, software, etc.)

*Please read carefully before signing.*

*HopeWay is an equal opportunity volunteerism provider and does not discriminate in volunteer opportunities on account of race, color, religion, national origin, citizenship status, ancestry, age, sex (including sexual harassment), sexual orientation, genetic information, marital status, physical or mental disability, military status or unfavorable discharge from military service. I understand that neither the completion of this application nor any other part of my consideration for volunteerism establishes any obligation for HopeWay to engage with me. I attest with my signature below that the information I have given to HopeWay is true and complete to the best of my knowledge.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") is executed on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by \_\_\_\_\_, (the "Volunteer") in favor of HopeWay Foundation, dba HopeWay, a non-profit corporation, and its directors, officers, employees (collectively, "HopeWay").

The Volunteer desires to work as a volunteer for HopeWay and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily and without duress execute this Release under the following terms:

**WAIVER AND RELEASE.** Volunteer does hereby release and forever discharge and hold harmless HopeWay and its successors and assigns from any and all liability, claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's work for HopeWay. Volunteer understands and acknowledges that this Release discharges HopeWay from any liability or claim that the Volunteer may have against HopeWay with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for HopeWay, whether caused by the negligence of HopeWay or its officers, directors, employees, or agents or otherwise. Volunteer also understands that, except as otherwise agreed to by HopeWay in writing, HopeWay does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance, in the event of injury or illness.

**MEDICAL TREATMENT.** Except as otherwise agreed to by HopeWay in writing, Volunteer does hereby release and forever discharge HopeWay from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for HopeWay.

**ASSUMPTION OF THE RISK.** The Volunteer understands that the work for HopeWay may include activities that may be hazardous to the Volunteer. In connection thereto, Volunteer recognizes and understands that activities at HopeWay may, in some situations, involve inherently dangerous activities. Volunteer hereby expressly and specifically assumes the risk of injury or harm in these activities and releases HopeWay from all liability for injury, illness, death or property damage resulting from the activities of the Volunteer's work for HopeWay.

**INSURANCE.** The Volunteer understands that, except as otherwise agreed to by HopeWay in writing, HopeWay does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

**PHOTOGRAPHIC RELEASE.** Volunteer does hereby grant and convey unto HopeWay all right, title and interest in any and all photographic images and video or audio recordings made by HopeWay during the Volunteer's work for HopeWay, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

**OTHER.** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. Volunteer agrees that in the event that any clause or provision of the Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Witness Signature



**VOLUNTEER PERSONAL INFORMATION AND EMERGENCY CONTACTS FORM**

*Please be sure the most current information is on file at all times. Please print legibly.*

PERSONAL INFORMATION	
Full Name: _____	Date: _____
Cell Phone: _____	Home Phone: _____
Email Address: _____	
Street Address: _____	
City: _____	State: _____ Zip: _____
EMERGENCY CONTACT INFORMATION	
Name: _____	Relationship to You: _____
Cell Phone: _____	Work Phone: _____
Name: _____	Relationship to You: _____
Cell Phone: _____	Work Phone: _____