

VOLUNTEER APPLICATION

☐ Mr. ☐ Mrs. ☐ Ms.

 Last Name First Name MI Preferred Name

Mailing Address
 Street City State Zip

Seasonal Resident ☐ Yes ☐ No If yes, what months at above address?

Secondary Address:
 Street City State Zip

Home Phone: Cell Phone:

E-mail address: Date of Birth:

Availability to Volunteer - Select all that interests you!

NC- No Clients

Normal shift times are listed although there may be other shifts depending on the job.

Weekday Mornings:

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

<input type="checkbox"/> 7-11 Hygiene Cottage Monitor	<input type="checkbox"/> 8-10:30 Dining Room	<input type="checkbox"/> 8:45-10 Meal Sign-in
<input type="checkbox"/> 7:30-10:30 Cook/Prep	<input type="checkbox"/> 8-10:30 Dishwasher	<input type="checkbox"/> 11-2 Hygiene Cottage Midday NC
<input type="checkbox"/> 8-10 Pickups/Deliveries	<input type="checkbox"/> 8:30-10:30 Clothing Pantry (M&F)	<input type="checkbox"/> 11-2 Clothing Pantry (T&Th) NC

Weekday Afternoons:

☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri

<input type="checkbox"/> 2-6 Cook/Prep	<input type="checkbox"/> 3:30-5:30 Clothing Pantry (Wed)	<input type="checkbox"/> 3:30-6:30 Dishwasher
<input type="checkbox"/> 3-6:15 Hygiene Cottage Monitor	<input type="checkbox"/> 3:30-6:30 Dining Room	<input type="checkbox"/> 4:45-6 Meal Sign-in

Saturday:

BF = Breakfast

L = Lunch

<input type="checkbox"/> 8-10:30 Dining Room BF	<input type="checkbox"/> 8:45-10 Meal Sign-in BF	<input type="checkbox"/> 10:30-1:30 Dining Room L
<input type="checkbox"/> 8-10:30 Dishwasher BF	<input type="checkbox"/> 9:30-11 Clothing Pantry NC	<input type="checkbox"/> 11-1:30 Dishwasher L
<input type="checkbox"/> 8-1 Hygiene Cottage Monitor	<input type="checkbox"/> 10-1 Cook/Prep L	<input type="checkbox"/> 11:45-1:30 Meal Sign-in L

Other: ☐ Transportation ☐ Gospel service (Saturday)

Available days: Monday Tuesday Wednesday Thursday Friday Saturday

Person to Notify in Case of Emergency

Name Phone

Please inform us of seizure history (diabetes, epilepsy, etc.) or any medical conditions we should know about

Do you need to limit physical activity? ☐ Y ☐ N

Do you speak other languages besides English? If so, please indicate: _____

How did you hear about us? _____

Hobbies and Interests: _____

Answering "YES" to the questions below will not necessarily disqualify an applicant.

Have you ever been discharged or asked to resign from your job or volunteer position? ☐ Yes ☐ No

If YES, please explain: _____

Have you been convicted of a crime within the past seven years? ☐ Yes ☐ No If YES, please explain:

Offense: Date:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that all information obtained during my involvement with LAHIA will remain confidential. I understand that false statements or emission of facts called for on the application are a basis for dismissal as a volunteer regardless of when they are discovered. I understand that I am not applying for employment, but rather a volunteer position that can be terminated at any time by me or LAHIA. I understand that I may be asked to complete a background check at any time during my volunteer service with LAHIA.

Volunteer Name (print)

Volunteer Signature

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability. Thank you for completing this application form and for your interest in volunteering with us. **Please email your application to jean@lahia.org.**

OFFICE USE ONLY:

☐ Client

Added to Constant Contact ____/____/____ IN: ____

Start Date ____/____/____

Meeting/Tour Date ____/____/____

Added to Email Group ____/____/____

Shadow Date ____/____/____

Spreadsheet ____/____/____ IN: ____

Position: _____

Scanned to S Drive ____/____/____ IN: ____

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

FOR LOVE AND HOPE IN ACTION, INC.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY AND EVERY ACTIVITY AT OR ON BEHALF OF LOVE AND HOPE IN ACTION, INC., including by way of example and not by limitation, any risks that may arise from negligence or carelessness on the part of any persons or entities being released, from any persons on the property owned by Love And Hope In Action, Inc. who may cause any damage whatsoever to the undersigned, from dangerous or defective equipment or property owned, maintained, or controlled by Love And Hope In Action, Inc. or its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives, or because of any possible liability whatsoever.

I certify I am physically fit and of sober mind for volunteering in this organization. I certify there are no health-related reasons or problems which preclude my participation in this organization.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Love And Hope In Action, Inc. and its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives and that I will properly govern my actions and responsibilities at any activity to avoid causing or creating liability for or to Love And Hope In Action, Inc. and its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives.

In consideration of my application and Love And Hope In Action, Inc. permitting me to participate in this organization and in future activities, I hereby take action for myself and my heirs, personal representative(s), next of kin and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including arising from negligence or fault of the entities or persons released, their employees, agents, directors, officers, business invitees, clients or representatives, for my personal injury, disability, or even my death or actions of any kind which hereafter occur to me including my traveling to and from this organization, THE FOLLOWING ENTITIES OR PERSONS: Love And Hope In Action, Inc., its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives.
- (B) I AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this form from any and all liabilities or claims made as a result of participation in any activity, whether caused by negligence of any person or entity or otherwise.

I hereby give consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during any activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THIS IS A RELEASE OF LIABILITY CONTRACT AND I SIGN IT OF MY OWN FREE WILL, FREE FROM ANY DURESS.

Volunteer's Name (Print)

Date

Volunteer's Signature