

VOLUNTEER APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Company/Business/Organization you are representing: _____

Who to notify in case of an emergency? _____

Telephone number: _____

Do you have a valid (State) Driver's License? Yes No

Have you ever been convicted of a felony or sexual related offense? Yes No

If yes, please explain: _____

Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer for Home Is The Foundation, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary duties, referral to an individual in need of assistance, or other activity of any nature, including the use of equipment and facilities of Home Is The Foundation.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive, and discharge Home Is The Foundation of Eaton, Ohio and its officers, directors, employees, agents, and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of, or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands, and causes of action.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, 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 currently have no known physical or mental condition that would impair my capability for full participation as intended or expected of me.

Confidentiality Agreement

I, _____ (student name), understand that information contained in or relating to the records and activities of this group /community member is confidential and must not be divulged under any circumstances. Failure to follow will be considered inappropriate behavior that would require termination of my association with Home Is The (H.I.T.) Foundation. Additionally, violation of this agreement could result in the imposition of statutory criminal or civil penalties.

Signature of Volunteer

Date

Signature of Guardian (If applicable)

Date

Media Release

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by Home Is The Foundation, the Board of Directors, and their officers, employees and agents in connection with any use of a product arising out of my participation. I authorize Home Is The Foundation to obtain and hold copyrights and to edit my performance and materials in its sole discretion.

I understand that Home Is The Foundation has no obligation to air my participation, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by Home Is The Foundation under the provisions of Ohio statutes.

ONLY SIGN/FILL OUT ONE OF THE OPTIONS BELOW:

I, _____ (volunteer's name) **agree to** the above Media Release statement.

Signature of Volunteer

Date

Signature of Guardian (If applicable)

Date

If volunteer is a student or minor:

I, _____ (minor's name), **do not** wish for my minor's image, voice, or video to be used.

Signature of Guardian (If applicable)

Date

Signature of Student

Date