



Volunteer Application

Volunteer Information

Full Name	
Street Address	
City, State, ZIP	
Home Phone	
Cell Phone	
E-Mail Address	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings
- Weekends

Interests

Tell us in which areas you are interested in volunteering

- Clerical Assistance
- Children's Reading Program
- Community Outreach and Events
- Patient Assistance - Technology
- Patient Assistance - Healthcare Delivery System (Escort)
- Hospitality/Lobby Ambassador
- Volunteer coordination
- Other (please describe) _____

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.



Volunteer Application

Previous Volunteer Experience

Summarize your previous volunteer experience.

--

Person to Notify in Case of Emergency

Full Name	
Street Address	
City, State, Zip	
Home Phone	
Cell Phone	
Relationship	

Have you ever been convicted of or pled guilty to a felony? Yes _____ No _____

NOTE: a record of a conviction will not necessarily be a bar to the program. Factors such as age and time of offense, seriousness and nature of the violation, and rehabilitation will be taken into account. If yes, please explain:

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

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.



Volunteer Application

Waiver of Liability

This Waiver of Liability (the “Waiver”) executed on this _____ day of _____, 20____, by _____ (the “Volunteer”) in favor of Treasure Coast Community Health, Inc. (TCCH), a nonprofit corporation operating in Indian River County, Florida.

I, the Volunteer, desire to work as a volunteer for TCCH and engage in the activities related to being a volunteer. I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless TCCH and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my volunteer work with TCCH.

I understand and acknowledge that this Waiver discharges TCCH from any liability or claim that I, the Volunteer, may have against TCCH with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation. I also understand that TCCH 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, illness, death or property damage.

2. Insurance. I, the Volunteer, understand that I am not covered under any TCCH insurance plans and I expressly waive any such claim for compensation or liability on the part of TCCH, regardless of the circumstances.

3. Medical Treatment. I hereby release and forever discharge TCCH from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with TCCH.

4. Assumption of the Risk. I understand that my time with TCCH may include activities that could be hazardous to me. I hereby expressly and specifically assume the risk of injury or harm in these activities and release TCCH from all liability for injury, illness, death, or property damage resulting from the activities of my time with TCCH.

Volunteer’s Signature

Date

Print Volunteer’s Name