



EASTERSEALS NORTHEAST CENTRAL FLORIDA
Individual Volunteer Service Application

This agreement does not represent a legally binding contract nor constitutes an offer of employment. The intent is to assure you both of our appreciation and to indicate our commitment to do the very best we can to make your volunteer experience a productive and rewarding one.

Volunteer Age Category: [] Adult [] Senior [] Youth (include age)_____

Name: _____

Address: _____ City: _____ St: _____ Zip: _____

Phone (Home): _____ Cell: _____

Best Time to Call: _____ Answering Machine: [] Yes [] No

Email Address: _____

Educational Level Achieved: _____ Current Occupation: _____

Previous Volunteer Experience: _____

How Did You Hear About Us: [] News-Journal [] Phone Book [] School [] Ad [] Internet [] Friend [] Other

Are you required to Volunteer: [] Yes [] No If yes, by whom? _____

How did you hear about our volunteer program? _____

Person to contact in case of emergency:

Name: _____ Relationship: _____ Phone: _____

Do you have any health conditions or limitations? [] Yes [] No

Please list: _____

Have you ever been arrested and/or convicted of a crime? [] Yes [] No

Are you willing to submit to a drug and/or background screening? [] Yes [] No

Preferred Hospital: _____

I understand the risks of volunteering with Easterseals and acknowledge that neither Easterseals nor any employee or volunteer will assume any financial liability for any injury or illness that I might incur while performing my volunteer service. I understand that I am not eligible for Workers Compensation and that I am responsible for any injury that may occur to me.

AGREED BY:

Volunteer _____ Date _____

Staff Representative _____ Date _____

Parent/Guardian if under 18 years of age _____

Date _____



EASTERSEALS NORTHEAST CENTRAL FLORIDA VOLUNTEER WAIVER OF LIABILITY

Thank you for working on behalf of our organization. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release Easterseals Northeast Central Florida of all liability while volunteering on its behalf. **This form is in effect for one year from the date listed hereon.**

This Waiver of Liability (the "Waiver") executed on this _____ day of _____, 20_____, by _____ (the "Volunteer") in favor of Easterseals Northeast Central Florida, a Florida nonprofit corporation, their directors, officers, employees and agents (collectively, "Easterseals").

I, the Volunteer, hereby freely, voluntarily, and without duress, execute this Waiver under the following terms:

Release and Waiver: I hereby release and forever discharge and hold harmless Easterseals and its successors and assigns from any and all liability, claims and demands which may hereafter arise from my participation with Easterseals. I understand that this Waiver discharges Easterseals from any liability or claim that I may have against Easterseals with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation with Easterseals.

Medical Treatment: I hereby release and forever discharge Easterseals from any claim whatsoever that may arise on account of any first aid, treatment, or other medical service rendered during my participation with Easterseals with Easterseals.

Assumption of Risk: I understand that my participation with Easterseals may include work that may be hazardous to the Volunteer. I hereby expressly and specifically assume the risk of injury or harm in my participation with Easterseals and release Easterseals from all liability, injury, illness, death or property damage that may result from my participation with Easterseals.

Insurance: I understand that, except as otherwise agreed to by Easterseals in writing, Easterseals does not carry or maintain health, medical, or disability insurance for the benefit of its volunteers. Each volunteer is expected and encouraged by Easterseals to obtain their own medical or health insurance coverage.

Photographic/Audio Release: I hereby grant and convey unto Easterseals all rights, titles, and interest in any and all photographic images and video or audio recordings made by or on behalf of Easterseals during my participation with Easterseals, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

Other: I expressly understand and agree that this Waiver is intended to be broad and inclusive as permitted by the laws of the state of Florida and that this Waiver shall be governed by and interpreted in accordance with the laws of the state of Florida. I agree that in the event that any clause or provision of this Waiver 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 Waiver.

By signing below, I acknowledge that I have read and understand this Waiver, and agree to its provisions. If Volunteer is under the age of 18 a parent or legal guardian must sign.

Signature of Volunteer

Date

Signature of parent or legal guardian (if Volunteer is a minor)

Date

In case of emergency, please contact:

Name: _____

Relationship: _____

Phone Number (day): _____

Phone number (evening): _____