

HOLLY HALL RETIREMENT COMMUNITY
VOLUNTEER APPLICATION

Name: _____ DOB: _____
Last First Middle Maiden

Address: _____
Street City, State, Zip

Telephone (____) _____ Cellular (____) _____ Email: _____

School/ Employer: _____ Church Affiliation: _____

Best time to call: _____ AM or PM Home Cellular Other _____

Availability:

Monday Tuesday Wednesday Thursday Friday

Weekday Morning Shift: 9:30 am- 11:30 am Weekday Afternoon Shift: 1 pm- 4 pm Saturday: 9:30 am- 11:30 am Sunday: 1 pm – 4 pm

Other: _____

Are you required to complete a specific number of hours? _____ If yes, how many: _____

Check all volunteer opportunities that you would like to participate in:

- | | | |
|--|--|--|
| <input type="checkbox"/> Bible study/devotional | <input type="checkbox"/> Write letters | <input type="checkbox"/> Arts & Crafts |
| <input type="checkbox"/> Call bingo or crossword puzzles | <input type="checkbox"/> Cooking | <input type="checkbox"/> Library volunteers |
| <input type="checkbox"/> Help with exercise | <input type="checkbox"/> Walking buddy | <input type="checkbox"/> Reading for residents |
| <input type="checkbox"/> Sing along leader | <input type="checkbox"/> Go on field trips | <input type="checkbox"/> Play trivia games |
| <input type="checkbox"/> Gardening activities | <input type="checkbox"/> Play board games/cards: _____ | |
| <input type="checkbox"/> Other Interests: _____ | | |

What work experience or other volunteer experience do you have? _____

How did you hear about Holly Hall? _____

References: _____

Name	Phone Number	Relationship
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_____	_____	_____
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If you are 18 and older, do you give permission to Holly Hall to perform a criminal background check? (This information will be used, in part, to determine your eligibility for a volunteer position with Holly Hall.) Yes No

Have you ever been convicted of or been on deferred adjudication for a felony or misdemeanor; or are you now either awaiting trial for a felony or misdemeanor? Yes No

I hereby certify that the information I supplied in this application is true, complete, and correct to the best of my knowledge and I understand that any information I withheld or falsely provided in connection with the foregoing application shall be cause of rejection of this application or termination of volunteer status. I hereby authorize Holly Hall, without liability, to contact prior employers (present employers if authorized), schools or references I have given and authorize said employers, schools, or reference to make full response to any inquiries by Holly Hall in connection with this application for volunteer service, including police records.

Signature: _____ Date: _____

PLEASE READ CAREFULLY! THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS!

This release and waiver of liability is being executed today by the undersigned in favor of Holly Hall, a Texas non-profit corporation, Holly Hall Association, their Directors, Officers, Employees, volunteers and agents (together, "Holly Hall") for the activities described attached as the Holly Hall Volunteer Activities form. The undersigned wants to engage in activities associated with Holly Hall programs or special events which may include operating tools or equipment, working in the Holly Hall offices or at other sites associated with Holly Hall programs or special events, traveling to or from such offices or sites, and working with people with disabilities. The Undersigned hereby freely, voluntarily and without duress executes this Release and Waiver under the following terms:

GENERAL RELEASE AND WAIVER: The Undersigned releases and forever discharges and holds harmless Holly Hall 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 the Undersigned's activities with Holly Hall. The Undersigned understands that this Release discharges Holly Hall from any liability or claim that the Undersigned may have against Holly Hall with respect to bodily injury, personal injury, illness, infection, death or property damage that my result from the Undersigned's activities with Holly Hall, whether caused by the negligence of Holly Hall or its Directors, Officers, Employees or Agents or otherwise. The Undersigned also understands that Holly Hall does not assume any responsibility for or obligation to provide any financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

INDEMNIFICATION: The Undersigned shall indemnify, defend, and hold harmless Holly Hall, its Directors, Officer, Employees and Agents and its successors and assigns from any and all liability, claims, costs and losses, whether related to property damage, personal injury or death, arising from the Undersigned's activities with Holly Hall, whether caused by the willful or negligent acts of Undersigned or the negligent acts of Holly Hall or its Directors, Officers, Employees or Agents. This provision shall survive the term of this agreement.

Medical Treatment: The Undersigned releases and forever discharges Holly Hall from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Undersigned's activities with Holly Hall.

Media Release: The Undersigned agrees to the digital, print or other medium use of their likeness by the Agency and waives all rights and interests in such materials.

Assumption of Risk: The Undersigned understands that the activities include work that may be hazardous to the Undersigned, including, but not limited to, loading and unloading, operation of equipment and tools, transportation to and from programs and/or sites, performing errands, and exposure to disease or illness. The Undersigned expressly and specifically assumes the risk of injury or harm inherent in the activities and releases Holly Hall from all liability for injury, illness, and death or property damage resulting from the activities.

Insurance: The Undersigned understands that Holly Hall does not carry or maintain health, medical or disability insurance coverage for any Undersigned, except as otherwise agreed to by Holly Hall in writing. The Undersigned is expected to and encouraged to obtain his or her own medical or health insurance coverage.

Confidentiality: The Undersigned understands that information regarding Holly Hall's clients, donors and staffs' personal healthcare, financial and related information is confidential and agrees to keep all such information confidential. Accordingly, the unauthorized disclosure of such information is grounds for immediate termination as a volunteer and could result in legal action against the Undersigned.

Other: The Undersigned expressly agrees that the Release and Waivers are intended to be as broad and inclusive as permitted by the laws of the State of Texas and shall be governed by and interpreted in accordance with the laws of the State of Texas. The Undersigned agrees that in the event that any clause or provision of this document is 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 document which shall continue to be enforceable. The Releases and Waivers are binding on the Undersigned and his or her successors, heirs, personal representatives or assigns.

Signature

Print Name

Date

Emergency Contact: _____

Phone Number: _____