

EPISODIC APPLICATION

Main Office
2484 SE Bonita St.
Stuart, FL 34997



www.hohmartin.org
(772) 286-4673 ext. 1004
lauren@hohmartin.org

CLOSED TOED SHOES ARE MANDATORY!

Name & Contact Information

Date	First Name	Last Name	Date of Birth
Primary Phone #	Email	Group Name (if applicable)	

Would you like us to contact you to volunteer for other special events or food drives? Yes No

Emergency Contact

First Name	Last Name	Relationship
Primary Phone #	Secondary Phone #	<input type="checkbox"/> Brother/Sister <input type="checkbox"/> Daughter/Son <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Spouse/Partner <input type="checkbox"/> Friend <input type="checkbox"/> Other _____

Liability Waiver, Media Release, and Volunteer Agreement

I, the above listed and undersigned volunteer ("I" or "Volunteer") desire to work as a volunteer for Jesus House of Hope Inc., a Florida non-profit corporation d/b/a House of Hope, Inc. ("HOH"). I hereby and, if applicable, my parent or guardian if I am a minor, voluntarily execute this Volunteer Liability Waiver ("Waiver") under the following terms:

I hereby release and hold harmless HOH, its successors and assigns, officers, directors, employees, and supervisory volunteers, from any and all liability, claims, losses, damages and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from any of my volunteer work with HOH.

I understand that this Waiver discharges HOH from any liability or claim that I may have against HOH with respect to bodily injury, personal injury, illness, death, or property damage that may result from my work with HOH. I also fully understand that HOH 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, bodily harm, death or property damage.

I hereby release HOH from any claims whatsoever which arise or may arise in the future on account of any first aid treatment or other medical services that are conducted in connection with an emergency during my time with HOH.

I understand that my volunteer efforts or time with HOH may include various activities which may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release HOH from any and all liability for injury, illness, bodily harm, death, or property damage resulting from the activities during my volunteer efforts or time with HOH.

I hereby give HOH consent to use my words and to record, videotape and photograph my image and/or voice to be used in the agency's promotional and marketing materials such as, but not limited to, brochures, newsletters, websites, social media, videos, and press releases to media outlets. I further understand that no special compensation will be provided to me for use of my image, words or voice and that I may not be informed in advance of such use.

I expressly agree that this Waiver is intended to be as 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, which shall continue to be enforceable.

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 House of Hope will remain confidential. I understand that false statements or omission of facts called for on this 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 House of Hope. I understand that I may be asked to complete a background check or submit to random substance abuse testing at any time during my volunteer service with House of Hope.

Volunteer Signature

Volunteer Signature	Date
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Parent Signature (MANDATORY if under 18)

Parent Name (print)	Parent Phone #
Parent Signature	Date