

Volunteer Application



Name _____

Phone # _____

Email _____

Organization (if applicable) _____

Mailing Address _____

City, State, Zip _____

Emergency Contact name/phone _____

Are you available to volunteer on a regular basis? yes no

Does your company offer a matching program? yes no

Agreement: Gift of Hope will provide every reasonable opportunity for training and a safe work environment. Volunteers must follow instructions and work only in designated areas on designated projects to ensure their safety and security. Volunteers understand that they are, of their own free will, volunteering time and expertise in the furtherance of the mission and activity of Gift of Hope and as such will not expect, want, or demand any monetary or in-kind compensation for their efforts.

Disclaimer: By my signature below, I hereby indemnify and save harmless Gift of Hope, it's funders, grantors, and donors, against and from all liabilities, obligations, damages, penalties, claims, accidents, costs, and expenses, including reasonable attorney fees paid, suffered, or incurred for damage or injury to persons or property in whole or in part as a result of my volunteer activities at Gift of Hope or any of its programs, projects, or special events.

Volunteer Signature _____ Date _____

GOH Member Signature _____ Date _____

If volunteer is under 18 years of age, the signature of volunteer's parent/guardian is required. Parent/Guardian's signature shall constitute consent to the terms in the Agreement and Disclaimer on behalf of Minor.

Parent/Guardian Signature _____ Date _____

Print name of Parent/Guardian _____ Phone _____