



VOLUNTEER APPLICATION

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Company/Business/Organization you are representing: _____

Circle or highlight your skills/areas of interest for volunteering:

- | | |
|--------------|------------------------------------|
| Carpentry | Filling marketing packets |
| Plumbing | Event planning |
| Electrical | Event setup |
| Landscaping | Painting |
| Yard cleanup | Cooking (for the homeless shelter) |
| Masonry | Baking (for the homeless shelter) |
| Roofing | Cleaning |

Please circle all that apply. I am available:

- | | |
|----------------------|-----------------------|
| Mornings (Mon-Fri) | Once A Week |
| Afternoons (Mon-Fri) | More Than Once A Week |
| Evenings (Mon-Fri) | One Time Only |
| Weekends | |

Do you have a valid (State) Driver's License? Yes No

Have you ever been convicted of a felony or sexual related offense? Yes No

If yes, please explain: _____

Who to notify in case of an emergency? _____

Telephone number: _____

Volunteer Liability Release Form

In consideration of my desire to serve as a volunteer for Home Is The Foundation, I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary duties, referral to an individual in need of assistance, or other activity of any nature, including the use of equipment and facilities of Home Is The Foundation.

Further, I, for myself and my heirs, executors, administrators and assigns, hereby release, waive, and discharge Home Is The Foundation of Eaton, Ohio and its officers, directors, employees, agents, and volunteers of and from any and all claims which I or my heirs, administrators and assigns ever may have against any of the above for, on account of, by reason of, or arising in connection with such volunteer relief efforts or my participation therein, and hereby waive all such claims, demands, and causes of action.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the laws of the State of Ohio, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I currently have no known physical or mental condition that would impair my capability for full participation as intended or expected of me.

Confidentiality Agreement

I, _____, understand that information contained in or relating to the records and activities of this office/committee/community member is confidential and must not be divulged under any circumstances.

This above stated obligation arises from the Ohio Revised Code Section 5107.02; Ohio Administrative Code Section 5101:1-1-03; Title 7 section 272.1. Title 42 Sections 431.30 through 431.306 and Title 45 section 205.50 of the Code of Federal Statutes and Regulations and other relevant State and Federal Statutes and Regulations.

Failure to follow the dictates in this agreement will be considered inappropriate behavior that would require termination of my association with Home Is The (HIT) Foundation.

Additionally, violation of this agreement could result in the imposition of statutory criminal or civil penalties.

Signature

Date

Media Release

I authorize the use of my name, voice, photograph, likeness, performance and/or biography by Home Is The Foundation, the Board of Directors, and their officers, employees and agents in connection with any use of a product arising out of my participation. I authorize Home Is The Foundation to obtain and hold copyrights and to edit my performance and materials in its sole discretion.

I understand that Home Is The Foundation has no obligation to air my participation, and that I will receive no monetary compensation for the rights granted herein. I understand and affirm that this Authorization and Release shall be considered consent to such use by Home Is The Foundation under the provisions of Ohio statutes.

I, _____, **agree to** the above Media Release statement.

Signature: _____ Date: _____

I, _____, **do not** wish for my image, voice, or video to be used.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature: _____ Date: _____

Effective 7/2020