



Volunteer Application

CONTACT INFORMATION

Full Name: _____ Date: _____

Last

First

Address: _____

Street

Apartment/Unit #

City

State

Zipcode

Phone: _____

Home

Mobile

Email: _____

AVAILABILITY

Please mark your availability: Fall Spring Summer Other (please explain): _____

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning (approx. 8-12)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (approx. 12-4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (approx. 4-8)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL INFORMATION

Skills, qualifications and certificates may be acquired through employment, previous volunteer work, or other activities such as hobbies or sports. Please list your skills, qualifications and/or certifications:

Have you worked as a volunteer before? If so, what did you do? And where?

Please explain why you want to be a volunteer at Mary's Woods:

OUR POLICY

It is the policy of Mary's Woods to provide equal opportunity without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

You must be 16 years of age or older to volunteer on your own, or between 13-15 with a guardian present.

Thank you for completing this application form and for your interest in volunteering with us.

AGREEMENT & SIGNATURE

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Signature:

Date:

Sign full name



Volunteer Waiver & Agreement

WAIVER

This waiver must be signed by the volunteer or parent/guardian if the volunteer is 16 years of age or younger.

In consideration for serving as a volunteer for Mary's Woods, I hereby release Mary's Woods from any and all claims for personal injury or property damage which may arise directly or indirectly from my participation in a volunteer capacity. I understand and agree that my service at Mary's Woods is voluntary.

For the safety of residents at Mary's Woods, I will submit to a TB test (or provide results of a TB test completed within the last twelve months) with understanding that if the test is positive I will not be able to volunteer in the Mary's Woods community. *(This applies only to volunteers working directly with residents)*

I have read and understand this release of liability statement. By signing on behalf of a volunteer age 16 or younger, the parent/guardian also expressly agrees to all of the above.

AGREEMENT

I understand that I will not receive any payment for my service at Mary's Woods, nor will I be considered an employee.

I further understand that prior to volunteering at Mary's Woods I must complete a volunteer training session and read the HIPAA privacy notice.

Any information I receive about residents at Mary's Woods is confidential and I agree not to disclose this information to anyone other than Mary's Woods staff as needed.

Applicant Signature:

Date:

Sign full name

Parent/Guardian
Signature (if
necessary):

Date:

Sign full name