

Date: _____

Love and Hope in Action

1760 SE Salerno Rd., Stuart, FL 34997

E-mail: loveandhopeinaction@gmail.com

Website: www.lahia.org

Phone: 772-781-7002

VOLUNTEER APPLICATION

Your contact information

Mr. Mrs. Ms. _____
Last Name First Name MI Preferred Name

Mailing address _____
Street City State Zip

Seasonal resident? Yes No If yes, what months at above address? _____

Please send my mail to: above address secondary address below

Secondary address: _____
Street City State Zip

Home Phone: _____ Cell Phone: _____

E-mail address: _____

Date of Birth: _____ Gender: Male Female
Month/Day/Year

Your Availability to Volunteer

During which days and hours are you available for volunteer assignments? Normal shift times are listed although there may be other shifts depending on the job. Select all that interest you!

Weekday mornings:

7:00 to 11:00 Hygiene cottage (laundry/shower monitor) 7:30 to 10:30 Breakfast prep/cook
 8:00 to 10:30 Dining room serve/clean 8:00 to 10:30 Dishwasher 8:30 to 10:30 Clothing pantry
(w/ clients – Mon & Fri only) 11:00 to 2:00 Laundry (hygiene cottage w/o clients) 8:45 to 10:30
Meal Sign-in

Weekday afternoons:

2:00 to 6:00 Dinner prep/cook 3:30 to 6:30 Dining room serve/clean 3:30 to 6:30 Dishwasher
 3:00 to 6:15 Hygiene cottage (laundry/shower monitor) 3:30 to 5:30 Clothing pantry (w/ clients –
Wed only) 4:45 to 6:30 Meal Sign-in

Saturday breakfast: 7:30 to 1:00 Hygiene cottage (laundry/shower monitor)

7:30 to 10:30 Breakfast prep/cook 8:00 to 10:30 Dining room serve/clean
 9:00 to 11:00 Dishwasher 8:45 to 10:30 Meal Sign-in

Saturday lunch: 10:00 to 1:00 Lunch prep/cook 10:30 to 1:30 Dining room serve/clean

11:00 to 1:30 Dishwasher 11:00 to 12:00 Gospel service 11:45 to 1:30 Meal Sign-in

Other: Haircuts Transportation Pickups / Deliveries Food Pantry Clothing Pantry

Available days: Monday Tuesday Wednesday Thursday Friday Saturday

Person to Notify in Case of Emergency

Name _____ Phone _____

Please inform us of seizure history (diabetes, epilepsy, etc.) or any medical condition we should be aware of.

Answering “Yes” to the questions below will not necessarily disqualify an applicant. Please explain any “Yes” answers on the bottom of this sheet.

How did you hear about us? _____

Is it necessary to limit your physical activity? ____No ____Yes

Hobbies and Interests _____

Have you been convicted of a crime within the past seven years? ____No ____Yes

Have you ever been discharged or asked to resign from your job or volunteer position? ____No ____Yes

If “Yes” what date? _____

Do you speak other languages besides English? If so, please indicate: _____

Agreement and Signature

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 LAHIA will remain confidential. I understand that false statements or emission of facts called for on the 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 LAHIA. I understand that I may be asked to complete a background check at any time during my volunteer service with LAHIA.

Volunteer Name (print) _____

Volunteer Signature _____

If under 18 years of age, a parent, guardian or responsible adult must provide an approval signature.

Parent Name (print) _____

Parent Signature _____

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

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

ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

FOR LOVE AND HOPE IN ACTION, INC.

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY AND EVERY ACTIVITY AT OR ON BEHALF OF LOVE AND HOPE IN ACTION, INC., including by way of example and not by limitation, any risks that may arise from negligence or carelessness on the part of any persons or entities being released, from any persons on the property owned by Love And Hope In Action, Inc. who may cause any damage whatsoever to the undersigned, from dangerous or defective equipment or property owned, maintained, or controlled by Love And Hope In Action, Inc. or its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives, or because of any possible liability whatsoever.

I certify I am physically fit and of sober mind for volunteering in this organization. I certify there are no health-related reasons or problems which preclude my participation in this organization.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by Love And Hope In Action, Inc. and its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives and that I will properly govern my actions and responsibilities at any activity to avoid causing or creating liability for or to Love And Hope In Action, Inc. and its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives.

In consideration of my application and Love And Hope In Action, Inc. permitting me to participate in this organization and in future activities, I hereby take action for myself and my heirs, personal representative(s), next of kin and assigns as follows:

- (A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including arising from negligence or fault of the entities or persons released, their employees, agents, directors, officers, business invitees, clients or representatives, for my personal injury, disability, or even my death or actions of any kind which hereafter occur to me including my traveling to and from this organization, THE FOLLOWING ENTITIES OR PERSONS: Love And Hope In Action, Inc., its employees, agents, directors, officers, volunteers, staff, business invitees, clients or representatives.
- (B) I AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this form from any and all liabilities or claims made as a result of participation in any activity, whether caused by negligence of any person or entity or otherwise.

I hereby give consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during any activity.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THIS IS A RELEASE OF LIABILITY CONTRACT AND I SIGN IT OF MY OWN FREE WILL, FREE FROM ANY DURESS.

Volunteer's Name (Print)

Date

Volunteer's Signature