



**LAHIA**  
 LOVE AND HOPE IN ACTION  
 WWW.LAHIA.ORG

## Student Volunteer Application

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Nickname \_\_\_\_\_ DOB \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone Number \_\_\_\_\_

Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

**Area of interest:** *Check all that apply*     Dishwashing     Dining Room Server/Clean

**Availability:** *Check all that apply*

	Mon	Tues	Wed	Thurs	Fri
<b>Breakfast</b>	<input type="checkbox"/> 8:00 am – 10:30 am	<input type="checkbox"/> 8:00 am – 10:30 am	<input type="checkbox"/> 8:00 am – 10:30 am	<input type="checkbox"/> 8:00 am – 10:30 am	<input type="checkbox"/> 8:00 am – 10:30 am
<b>Dinner</b>	<input type="checkbox"/> 3:30 pm – 6:30 pm	<input type="checkbox"/> 3:30 pm – 6:30 pm	<input type="checkbox"/> 3:30 pm – 6:30 pm	<input type="checkbox"/> 3:30 pm – 6:30 pm	<input type="checkbox"/> 3:30 pm – 6:30 pm

Are you available during school breaks (Spring, Summer, Fall, Winter)? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have any medical conditions we should know about? Please explain:

\_\_\_\_\_

Do you have any allergies? Please explain:

\_\_\_\_\_

I have read the procedures, and can perform the tasks described to the best of my abilities? Yes\_\_\_\_\_ No\_\_\_\_\_

I have received and read the LAHIA Volunteer Guidelines? Yes\_\_\_\_\_ No\_\_\_\_\_

I have signed the LAHIA Accident Waiver and Release of Liability Form? Yes\_\_\_\_\_ No\_\_\_\_\_

If under 18 years old, did your parents/guardians provide a signature of approval? Yes\_\_\_\_\_ No\_\_\_\_\_

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### **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.

**Student Volunteer Name (print)** \_\_\_\_\_ **Date** \_\_\_\_\_

**Student Volunteer 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.

**If under 18 years of age, a parent, or legal guardian must read and sign the Minor Volunteer Consent Form.**

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



## **MINOR VOLUNTEER CONSENT FORM**

### **FOR LOVE AND HOPE IN ACTION, INC.**

In order to volunteer, all students under the age of 18 must provide a signed waiver form. A parent or legal guardian of each minor must read and agree to the following:

By signing this form, I, \_\_\_\_\_, give permission to \_\_\_\_\_  
(Parent or Legal Guardian Name) (Student Volunteer Name)  
to volunteer at Love And Hope In Action, Inc.

I understand that the child will receive the necessary orientation and training for the safe and responsible performance of their volunteer duties and will be expected to comply with all of Love And Hope In Action, Inc. policies and procedures. I acknowledge that my child will not receive any monetary compensation for this work.

I also understand that there might be risks associated with volunteer activities. I have received and read the Accident Waiver and Release of Liability Form. I will not hold Love and Hope In Action, Inc. accountable or liable for any injuries that unintentionally result from the child's participation or that arise during the time spent volunteering due to any underlying physical condition.

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#### **In case of an emergency please contact the following person:**

Emergency Contact Name: \_\_\_\_\_

Relationship to Student Volunteer: \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

\_\_\_\_\_  
**Volunteer Name (Printed)**

\_\_\_\_\_  
**Parent or Legal Guardian Name (Printed)**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**

**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 Name (Printed)**

\_\_\_\_\_  
**Parent or Legal Guardian Name (Printed)**

\_\_\_\_\_  
**Parent or Legal Guardian Signature**

\_\_\_\_\_  
**Date**



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## **LAHIA VOLUNTEER GUIDELINES**

Welcome! We are glad you chose Love and Hope in Action. Our goal is to treat each of you with dignity and respect but most of all, with **LOVE**. We consider it a privilege to have you serve and contribute to LAHIA. With this privilege comes certain responsibilities and guidelines.

Please observe the following:

- It is your responsibility to sign in at the beginning of your service shift and sign out when your shift is over.
- It is your responsibility to wear your volunteer badge during your shift.
- You are expected to dress modestly. Shorts must be at fingertip length. Tank tops are not allowed.
- **Respect** for the entire LAHIA property is important.
- Keep your valuables out of sight, preferably in your locked car. Ask office staff if you'd like to keep your belongings inside the front office, accommodation can be made upon request.
- We ask that when volunteering you keep your cell phones put away.
- **All student volunteers** must have a signed Minor Volunteer Consent Form.
- **RESPECT & PRIVACY FOR EVERYONE** is expected, no matter their present circumstance: past problems, appearance, age, race or personal belief system.
- Walk away from tense situations. If you notice or have a problem with a client or another volunteer, please remain calm and contact a staff member immediately.
- LAHIA does **NOT** tolerate drug or alcohol use, profanity, or disruptive behavior.
- Video surveillance with playback features are on 24/7 and monitored.
- You will follow the procedures to the best of your ability. Any questions you have can be directed to volunteer coordinator or staff.
- If you have been assigned to a volunteer shift you are expected to show up or give an early notice if you can't make it.
- **FAILURE TO RESPECT ANY OF THESE GUIDELINES WILL RESULT IN IMMEDIATE TERMINATION OF ALL LAHIA VOLUNTEER DUTIES.**

**I have read and understand the guidelines listed above.**

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Volunteer Name (Printed)

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Volunteer Signature

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Date