



# Senior Resource Services

## APPLICATION FOR VOLUNTEER SERVICE

Mr. \_\_\_\_\_

Mrs. \_\_\_\_\_

Ms. \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Health Limitations: \_\_\_\_\_

Previous Volunteer Experience: \_\_\_\_\_

How did you learn of this Volunteer Program? \_\_\_\_\_

### Available days and times to volunteer for Senior Resource Services:

Monday      Tuesday      Wednesday      Thursday      Friday      Saturday      Sunday

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Will you volunteer:      Regularly: \_\_\_\_\_      On-call \_\_\_\_\_

Driver's License:      State: \_\_\_\_\_      Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Type of Vehicle:       Car       Minivan       SUV       Truck

Auto insured by: \_\_\_\_\_

### In case of an emergency we should notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

## RELEASE AUTHORIZATON

LEGAL NAME: \_\_\_\_\_

MAIDEN/PREVIOUS NAME(S): \_\_\_\_\_

DATE OF BIRTH:  
(MONTH/DATE/YEAR) \_\_\_\_\_

### **AUTHORIZATION TO SECURE CONSUMER INVESTIGATION REPORT:**

I authorize Senior Resource Services to make whatever inquiries it may deem necessary in connection with my volunteerism. As part of such inquiries, the organization has my permission to contact persons who may have information regarding my suitability to volunteer.

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**Signature** **Date**

**In order to receive a name badge and volunteer handbook, please return the completed application in person to the Senior Resource Services office at 1802 16<sup>th</sup> St., Greeley, CO 80631 on Monday-Friday between 9AM-4PM or for an appointment call 970-352-9348. If this process is inconvenient for you, please call the office.**

### Volunteer Waiver of Liability

This Release and Waiver of Liability (the "Release" executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of Senior Resource Services, a non-profit, their director, officers, and employees (collectively "SRS").

The Volunteer desires to work as a volunteer for SRS and engage in the activities related to being a volunteer (the "activities"). The Volunteer understands that the Activities may include providing transportation (using your own vehicle), respite care in the client's home, participating in special events and fundraisers.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless SRS and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise form Volunteer's Activities with SRS.

Volunteer understands that this Release discharges SRS from any liability or claim that the Volunteer may have against SRS with respect to any bodily injury, personal injury, illness, death, or property damage that may result form the Volunteer's Activities with SRS, whether causes by the negligence of SRS or its officers, director, employees or otherwise. Volunteer also understands that SRS does not assume any responsibility for or obligation to provide financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

**Medical Treatment:** Volunteer does hereby release and forever discharge SRS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with SRS.

**Assumption of Risk:** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to transportation.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and release SRS from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** SRS does provide liability insurance coverage for volunteers while they are providing services under the auspices of SRS.

**Photographic Release:** Volunteer does hereby grant and convey unto SRS all rights, title, and interest in any and all photographic images and video or audio recordings made by SRS during the Volunteer's Activities with SRS, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the Stat of Colorado and that this Release shall be governed by and interpreted in accordance with the laws of the State of Colorado. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

**Volunteer Name (Print Please):** \_\_\_\_\_

**Volunteer Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*\*If the volunteer is under the age of 18 a parent or legal guardian must sign.\*\*\*\*\*

**Parent Signature:** \_\_\_\_\_ (if 18 or under)