



**Council
on Aging**
for Henderson County

Volunteer Application

Circle one: Ms. Mrs. Mr. Dr.

Last: First: MI:

Street Apt #

City: State: Zip:

Phone: Social Security:

DOB Month: Day: Year: Age: Gender: male / female

Organization Name: (if volunteering as part of an organization)

Email Address:

Do you drive? Yes No Are you a veteran? Yes No

Place of Employment: Alma Mater:

Church you attend, if any (for grant writing purposes)

Required Program Hours? (honor society, PTI, etc.) Yes No

How did you find out about our program?

Desired Position: Meals on Wheels Driver Etowah Thrift Store HVL Thrift Store Sammy Williams Center

In Case of Emergency Notify:

Name/Relationship: Phone:

Name/Relationship: Phone:



**Council
on Aging**
for Henderson County

Additional Volunteer Info

Meals on Wheels Drivers Only

Drivers License Number:

State:

Do you have car insurance:

Insurance Company:

Would you like a reminder call at your preferred
phone the day before you deliver?

Yes

No

All Volunteers

I acknowledge that I have received a copy of the volunteer handbook.

Initials:

I understand that a background check may be required as a volunteer.

Initials:

I have read and understand the Release and Waiver of Liability Form.

Initials:

Signature:

Date:



**Council
on Aging**
for Henderson County

Release and Waiver of Liability

This Release and Waiver of Liability is executed on this _____ (day) of _____ (month), _____ (year) by _____ (the "Volunteer") in favor of Henderson County Council on Aging, Inc., a nonprofit corporation, its directors, officers, employees and agents (collectively, "COA").

The Volunteer desires to work as a volunteer for COA and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily and without duress execute this Release of Waiver under the following terms:

- 1. Waiver and Release.** Volunteer does hereby release and forever discharge and hold harmless COA 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 from Volunteer's work for COA. Volunteer understands and acknowledges that this Release discharges COA from any liability or claim that the Volunteer may have against COA with respect to any bodily injury, personal injury, illness, death or property damage that may result from Volunteer's work for COA.
- 2. Medical Treatment.** Except as otherwise agreed to by COA in writing, Volunteer does hereby release and forever discharge COA from any claim whatsoever that arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer's work for COA.
- 3. Assumption of the Risk.** The Volunteer understands that the work for COA may include a variety of activities including, but not limited to: working in the COA's office; food service and preparation; delivering food stocks incidental to the operation of the agency; lifting and moving large objects and other retail work; and the delivery of meals whether using Volunteer's personal vehicle or a vehicle owned by COA.
- 4.** A Volunteer authorized to use a motor vehicle owned by COA is insured under the applicable COA motor vehicle liability insurance policy. In all other cases, however, the Volunteer understands that COA does not carry or maintain health, accident, liability (including without limitation motor vehicle liability), property loss or damage (including without limitation motor vehicle collision damage), medical or disability insurance coverage for any Volunteer or the property of any Volunteer. Each Volunteer is expected to obtain his or her own automobile, medical or health insurance coverage.
- 5. Photographic Release.** Volunteer does hereby grant and convey unto COA all right, title and interest in any and all photographic images and video or audio recordings made by COA during the Volunteer's work for COA, including but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.

6. **Non-Discrimination Policy.** COA does not discriminate on the basis of race, color, religious creed, national origin, citizenship, sex, age, ancestry, marital or veteran status or on the basis of physical or mental disability or any other legally protected status unrelated to ability to perform the job duties of the position. No question on this application is intended to secure information to be used for such discrimination.

7. **Information Release.** Volunteer does hereby grant and convey unto COA the right to provide name and contact information to other volunteers (when requested) to be used for the purposes of finding a substitute volunteer when needed.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina, and that this Release shall be governed by and interpreted in accordance with the laws of the State of North Carolina. 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. By signing my name below I hereby give Henderson County Council on Aging, Inc., permission to conduct a criminal record check.

Confidentiality: All information pertaining to clients, volunteers and donors is to be held in confidence. Employees, volunteers, and interns are not to discuss any client, volunteer, or donor's circumstances with anyone except an appropriate COA employee. Clients must sign a **release of information** before any information is disclosed to other agencies/individuals. Violation of COA's Confidentiality policy will result in disciplinary action up to and including termination.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Name: (print)

Signature:

Date:

A parent or guardian signature is required if the participant is under 18 years of age. By signing this **WAIVER OF LIABILITY AND ASSUMPTION OF RISK** on behalf of a minor, the undersigned parent or guardian is agreeing to be bound by the above conditions on behalf of him or herself and on behalf of the participant.

Parent / Guardian Name: (print)

Signature:

Date:



Office Use Only

ST#

Start Date	Volunteer Type	Day	Week	Site (Pick-up)	Route
------------	----------------	-----	------	----------------	-------

1.

2.

3.

Volunteering on behalf of which organization?

Volunteer Types: Meals on Wheels Driver Etowah Thrift Store HVL Thrift Store Sammy Williams Center