

Volunteer Application

Emergency Contact and Release



Volunteer and Emergency Contact Information

Date: _____

Name: _____

Driver's License # (if volunteer's desired role includes driving Sharon's Attic's truck): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Date of Birth (Month and day only, year not needed): Month: _____ Day: _____

Phone, Day: _____ Evening: _____ Cell: _____

Email: _____

In case of an emergency, contact:

Name: _____ Relationship to Volunteer: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone, Day: _____ Evening: _____ Cell: _____

Email: _____

Allergies, medications, or other medical information needed in an emergency:

Basic Policies:

- Current volunteers receive a 25% discount. Discounts cannot be combined with other coupons or discounts.
- Check with the store manager if you wish to purchase an item before it gets priced and on the floor.
- Volunteers may deduct transportation expenses to and from their volunteer site on their taxes. Please talk to a tax professional for details.

Release and Waiver of Liability

Please read this legal document in full before signing

This Release and Waiver of Liability executed on this _____(day) of _____(month), _____(year) by _____(the volunteer) in favor of Housing Solutions of Northern Arizona (HSNAZ), a nonprofit corporation, and its directors, officers, employees, and agents.

The volunteer desires to work as a volunteer for HSNAZ and engage in the activities related to being a volunteer for Sharon's Attic Thrift Store/HSNAZ/Sharon Manor Transitional Housing. The volunteer understands that the activities may include physical labor or other circumstances that may result in personal injuries. The volunteer hereby freely, voluntarily, and without duress executes this release under the following terms:

1. **Release and Waiver.** Volunteer does hereby release and forever discharge and hold harmless HSNAZ and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from volunteer's activities with HSNAZ.

Volunteer understands that this release discharges HSNAZ from any liability or claim that the volunteer may have against HSNAZ with respect to any bodily injury, personal injury, illness, death, or property damage that any result from volunteer's activities with HSNAZ, whether cause by the negligence of HSNAZ or its officers, directors, employees, or agents or otherwise. Volunteer also understands that HSNAZ 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.

2. **Medical Treatment.** Volunteer does hereby release and forever discharge HSNAZ 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 HSNAZ.

3. **Assumption of the Risk.** The volunteer understands that the activities may involve work that may be hazardous to the volunteer, including, but not limited to, working in an office setting, lifting heavy objects, cleaning with a variety of products, transportation to and from the work site, and driving Sharon's Attic's truck. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities, and releases HSNAZ from all liability for injury, illness, death, or property damage resulting from the activities.

4. **Insurance.** A volunteer authorized to use a motor vehicle owned by HSNAZ is insured under the applicable HSNAZ motor vehicle liability insurance policy. In all other cases, however, the volunteer understands that HSNAZ 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 and encouraged to obtain his or her own automobile, medical or health insurance coverage.*

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

6. **Other.** Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Arizona, and that this release shall be governed by and interpreted in accordance with the laws of the State of Arizona. Volunteer also 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 HSNAZ permission to conduct a criminal record check.

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

Volunteer Name: _____
Print Name Signature Date

Witness Name: _____
Print Name Signature Date

Availability: Monday Tuesday Wednesday Thursday Friday Saturday

Volunteer Interest: Cashier Sorting/Pricing Donations Cleaning Donation Lifting/Loading

Sharon Manor Kid's Program Staffing Special Events Office Work/Database Entry Other

Volunteer Social Security #: _____ Date of Birth: _____

After conducting a criminal record check, your social security number and date of birth will be removed from this form, shredded, and disposed of to protect your identity.