



# Volunteer Application

(Mr./Mrs./Ms.)

First Name \_\_\_\_\_ Middle Initial \_\_\_\_ Last Name \_\_\_\_\_

Date of Birth (M/D/Y) \_\_\_\_\_ Age \_\_\_\_\_ Gender  Male  Female

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number (Main) \_\_\_\_\_

Emergency Contact (Name) \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Have you been convicted of a felony?  Yes  No

If yes, provide details. \_\_\_\_\_

Please describe previous volunteer experience. \_\_\_\_\_

Do you have any limitations that will affect your ability to perform any duties associated with being a volunteer with Lakeshore Foundation?

Yes  No If Yes, explain \_\_\_\_\_

How did you hear about Lakeshore Foundation? \_\_\_\_\_

Volunteer Preferences: *(Your thoughtful answers help us make the best match for you and us)*

I want to volunteer on a regular basis \_\_\_\_\_ or for a specific event/project \_\_\_\_\_.

Event or project name \_\_\_\_\_

As a regular volunteer, I want to volunteer approximately \_\_\_\_\_ hours a week / month. *(circle one)*

Note: Lakeshore is open **Mon-Fri** from 5:30 am – 9:00 pm and **Sat** from 8:00 am – 5:00 pm

I am available to volunteer on weekdays \_\_\_\_\_, Saturdays \_\_\_\_\_, or both \_\_\_\_\_.

I am available mornings \_\_\_\_\_, afternoons \_\_\_\_\_, or evenings, \_\_\_\_\_

Other preferences \_\_\_\_\_

(Over)

**AUDIO/VISUAL CONSENT:** I hereby consent and authorize the taking of photographs, movies, films, videotapes, tape recordings, or reproductions (collectively, "Reproductions") of the persons who are hereby applying for membership (the "Applicants") and consent to use, copyright, license, publication or broadcast of the same for advertising, educational, promotional, or publicity purposes on the part of Lakeshore Foundation and by its affiliated and associated organizations, including its directors, officers, agents, servants and employees. I hereby grant and assign to Lakeshore Foundation the right, title, and irrevocable authority and interest to such Reproductions. I waive any and all claims for compensation and waive any and all claims related to or arising out of the publication and dissemination of the same of any lawful purposes. I further authorize the communication of information concerning the undersigned in connection with the utilization of such Reproductions by Lakeshore Foundation, its affiliated or associated organizations, and their respective directors, trustees, officers, agents, servants and employees without claim for compensation and waive all claims related to or arising out of the publication and dissemination of the same. *(initial)* \_\_\_\_\_

**CONSENT FOR EMERGENCY TREATMENT:** In the event that an Applicant should sustain any injuries while participating in a Lakeshore Foundation activity or while on the premises of Lakeshore Foundation, the Applicant may be examined and treated by health care personnel, including examination at medical facilities. I voluntarily consent to such examination and treatment for the Applicant, and I release and forever discharge Lakeshore Foundation, Its directors, officers, staff, employees, contracted employees, agents and volunteers from any actions, suits, damages, claims, or judgments that may result from examination and treatment. *(initial)* \_\_\_\_\_

**RELEASE AND INDEMNITY:** I hereby release and discharge Lakeshore Foundation and all affiliated and associated organizations, together with their respective trustees, directors, officers, employees, and agents, of and from any and all demands, claims, causes of action, suits, damages, judgements, or liabilities of any kind or nature whatsoever, arising out of or in any way related to the Applicant's participation in a Lakeshore Foundation activity, including any personal injury or death or loss or damage to property, which the Applicant may suffer or incur as a result of participation in such program, whether or not caused by the negligence or wrongful acts of such persons or any agents, servants or employees of any of them. This release shall be binding upon heirs, next of kin, guardians, executors, and administrators of the Applicant. I do further agree to indemnify and hold harmless each of them, of and from any and all claims, demands or actions of any kind or nature whatsoever arising out of any injury of damages incurred by the Applicant. In signing this release, I acknowledge and represent that I am over 19 years of age, I am of sound mind, I have read this release, understand it, and sign it voluntarily, and that this paper contains the entire agreement between myself and Lakeshore Foundation. *(initial)* \_\_\_\_\_

**ACKNOWLEDGEMENT OF VOLUNTEER SERVICES:** By my signature below, I acknowledge that I am not applying to be an employee of Lakeshore Foundation. Rather, I am applying to be a volunteer who is not due any wages for services provided in the event my application is accepted. *(initial)* \_\_\_\_\_

**VOLUNTEER APPLICANT STATEMENT:** I confirm that all of the above information is truthful and complete. I will, if accepted as a volunteer abide by all Lakeshore Foundation policies and procedures. I authorize Lakeshore Foundation to inquire on the information contained in this application, and authorize any individual contacted during this inquiry to give you any and all information concerning my previous professional and volunteer experience. *(initial)* \_\_\_\_\_

I certify that I have read and agree to the above.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*(Applicant)*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
*Parent or Guardian (if applicant is under 19 years of age)*