

VOLUNTEER APPLICATION

First name		Last Name	
Street Address			
City, Prov, Postal Code			
Home Phone #		Cell Phone #	
E-Mail Address			
Birthday (mm/dd/yyyy)		Age Group:	<input type="checkbox"/> 15-18 <input type="checkbox"/> 19-30 <input type="checkbox"/> 31-50 <input type="checkbox"/> 51-70 <input type="checkbox"/> 71+
Emergency Contact		Emergency Phone #	

Availability

During which hours are you available for volunteer assignments? <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon <input type="checkbox"/> Evening
Are there any limitations that affect your volunteer work? <input type="checkbox"/> Yes (please fill in below) <input type="checkbox"/> No

Volunteer Experience

Which areas you are interested in volunteering (please check):		
<input type="checkbox"/> Perking Lot	<input type="checkbox"/> Bistro	<input type="checkbox"/> Gift Shop
<input type="checkbox"/> Rutland Thrift Store	<input type="checkbox"/> Fundraising/Events	<input type="checkbox"/> JoeAnna's House (must be 19 or older)
Summarize your previous volunteer experience:		
Interests, Special Skills, Hobbies or Qualifications (Music, Crafts, Computers, etc.):		

References (other than Friends/Family)

NAME	RELATIONSHIP	PHONE NUMBER

Consent, Confidentiality & Release of Liability

Confidentiality

Each individual who comes to JoeAnna's House is required to respect the rights to privacy surrounding each Guest(s) situation. We are committed to and legally bound to protect a Guest and/or Patient's privacy and ensure confidentiality. During your time as a Volunteer at JoeAnna's House, it is possible that personal or other confidential information may be overheard or viewed; you understand that any such information obtained will be kept strictly confidential. By signing this document, you agree not to disclose or seek any confidential information that has come to your attention in verbal, written or computerized form concerning a Patient, Guest, Employee or Volunteer of JoeAnna's House and the KGH Foundation and you understand that photography/videography of Employees, Volunteers or other Guests is prohibited without their written consent.

Release of Liability By signing below, I release and forever discharge and hold harmless the KGH Foundation from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, resulting from my role as a volunteer.

Consent

I consent to a Criminal Record Check to be done to ensure the protection of children and other vulnerable people. JoeAnna's House asks that you grant permission to the KGH Foundation and its affiliates and sponsors to use of any photographs, motion pictures, recordings involving you or any other record for any purpose including, but not limited to, promoting, advertising and marketing purposes.

Name (printed)	
Signature	
Date (mm/dd/yyyy)	