

Volunteer Application: Special Events

Contact Information

Name	
Street Address	
City, State, Zip Code	
Cell Phone	
Other Phone (<i>circle: home, work</i>)	
E-Mail Address	

Employer or School (Current & Previous): Please attach a resume.

	Employer/School #1	Employer/School #2
Name of Employer/School		
Position		
Contact Name		
Phone Number		

Availability

Please check all that are applicable. I am available:

<input type="checkbox"/> Mornings (Mon-Fri)	<input type="checkbox"/> Afternoons (Mon-Fri)	<input type="checkbox"/> Evenings (Mon-Fri)
<input type="checkbox"/> Weekends	<input type="checkbox"/> One time only	<input type="checkbox"/> As needed

Professional/School References

	Reference #1	Reference #2
Name		
Relationship		
Phone		
Email		

Special Skills or Qualifications

Summarize special skills & qualifications you have acquired from employment, previous volunteer work, or other activities.

Previous Volunteer Experience

Summarize any previous volunteer experience.

RELEASE OF LIABILITY

I hereby fully and forever waive, release and relinquish and all claims, demands and actions whatsoever that I may have or may accrue to me against the Joe Torre Safe At Home Foundation, officers, agents, volunteers and employees arising out of this activity and/or any volunteer activity associated with or connected with this activity. Furthermore, I agree to indemnify and hold harmless and defend Joe Torre Safe At Home Foundation, from any and all claims and actions resulting from injuries, damages and losses sustained by me arising out of, connected with or in any way associated with this volunteer position. I have read this agreement and fully understand its content and sign it of my own free will. I further certify that I am (18) years of age or the parent/legal guardian of a minor participant.

STATEMENT OF CONFIDENTIALITY

As condition of being involved with persons seeking assistance from Joe Torre Safe At Home Foundation, I agree to keep confidential any information shared with me. I understand that no information concerning clients shall be released to other agencies or persons without signed, written consent of those involved. I recognize that the unauthorized release of confidential information may make me subject to civil action. I further understand that violation of this agreement is grounds for termination of my service.

AUDIO/PHOTO/VIDEO MEDIA RELEASE FORM

I grant permission to the Joe Torre Safe At Home Foundation and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by the Joe Torre Safe At Home Foundation. I hereby agree to release, defend, and hold harmless the Joe Torre Safe At Home Foundation and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution. I waive any right that I may have to inspect or approve the finished product or products and the advertising copy or other matter that may be used in connection therewith or the use to which it may be applied.

Signature (Parent/Guardian's Signature, if under 18) _____

Printed Name _____

Date _____