



501 (C) (3) • Tax ID # 87-2110928

Volunteer Application Form

Personal Information _____

Name: _____

Address: _____

Phone Number: _____

Email: _____

Date of Birth: _____

Availability _____

Weekdays: Mornings Afternoons Evenings

Weekends: Mornings Afternoons Evenings

Other: _____ (Monthly, Annually, Special Events, etc.)

Language Fluency _____

Language _____ Speak Read Write

Language _____ Speak Read Write

Volunteer Opportunities

Please mark your areas of interest.

Admin

Policies & Procedures, General Office Assistance, Office Safety Operations

Community Outreach & Education

Booths & Tables at Cultural Events, Festivals, Health & Resource Fairs

Street & Community Outreach at Grocery Stores, Restaurants, Beauty Salons, & Faith-Based Orgs.

Fundraising

Events: Community Walk, Annual Fundraiser

Workshops & Special Skills

Facilitate Classes/Workshops on Life Skills & Special Interests (ESL, computer, art, music, etc.)

Interest, Previous Experience, & Special Skills

1. Why would you like to volunteer with H4H FOUNDATION?

2. Summarize any previous volunteer experience(s).

3. Describe any special skills, professional background, certifications, etc.

4. How did you hear about H4H FOUNDATION?

Thank you for filling out the volunteer application form! You will hear from the Volunteer Coordinator soon.

For Further details email: Info@H4Hfoundation.org

Emergency Contact & General Information

Name:					
Address:					
City/State/Zip:					
Telephone:		Fax		Other	

Emergency Contact Information

Name/ Relationship					
Address:					
City/State/Zip:					
Telephone:		Work		Other	

Name/ Relationship					
Address:					
City/State/Zip:					
Telephone:		Work		Other	

Medical

Physician:		Phone:	
Address:			
City/State/Zip:			
Insurance/HMO:		Policy #	
Medic Alert #:		Blood Type:	

Automobile

Car Model		Year	
License Plate #		Color	
Auto Insurance Co:		Policy #:	

Driver's

Agent:		Phone:	
License #:		Exp. Date	
VIN Number:		Other	

Signature (Or parent/guardian if under 18)

Date



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Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "release") executed by me releases H4H Foundation ("Nonprofit"), a nonprofit organization organized and existing under the laws of the State of California and each of its directors, officers, employees, and agents. The Volunteer desires to provide volunteer services for Nonprofit and engage in activities related to serving as a volunteer.

Volunteer understands that the scope of Volunteer's relationship with Nonprofit is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Nonprofit will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Nonprofit.

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless Nonprofit and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Nonprofit. I understand and acknowledge that this Release discharges Nonprofit from any liability or claim that I may have against Nonprofit with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Nonprofit or occurring while I am providing volunteer services.
2. Insurance: Further I understand that Nonprofit does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Nonprofit beyond what may be offered freely by Nonprofit in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Nonprofit from any claim whatsoever, which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Nonprofit.
4. Assumption of Risk: I understand that the services I provide to Nonprofit may include activities that may be hazardous to me including, involving inherently dangerous and possibility of personal injury activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Nonprofit from all liability.
5. Photographic Release: I grant and convey to Nonprofit all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Nonprofit in connection with my providing volunteer services to Nonprofit.
6. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this Release shall be governed by and interpreted in accordance with the laws of the State of California. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily.

Name

Signature (Or parent/guardian if under 18)

Date



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PERMISSION TO DISCUSS / RELEASE INFORMATION

I authorize the release of information (includes Electronic, Spoken, and Conveyed on paper via fax or e-mail) when appropriate and necessary.

I understand that the information released will be utilized to facilitate the provision of care coordination, of mental health treatment and assessment for myself as the participant.

I also understand that I can revoke this release of information at any time by a verbal statement to either parties or that, this release shall be effective until revoked.

Name

Signature (Or parent/guardian if under 18)

Date



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PERMISSION FOR MEDIA RELEASE

By signing this release form, I acknowledge that, H4H Foundation (Nonprofit) will be held harmless regarding the use by news media of the following personal information:

- My picture – including photographic, motion picture, and electronic (video) images.
- My voice – including sound and video recordings.
- My name, age, and country of origin.

I hereby release Nonprofit, its subsidiaries, licensees, successors and assigns, from any responsibility arising from the use, publication or reproduction, for all purposes, of my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described above in any and all media including, without limitation, cable and broadcast television and the Internet, print media, and any other media that should arise. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

I hereby waive the right to receive any payment for signing this release and waive the right to receive any payment for the use of any of the material described above for any of the purposes authorized by this release. I also waive any right to inspect or approve finished photographs, audio, video, multimedia, or advertising recordings and copy or printed matter or computer-generated scanned image and other electronic media that may be used in conjunction therewith or to approve the eventual use that it might be applied.

I acknowledge that I have read the foregoing and I fully understand the contents.

Name

Signature (Or parent/guardian if under 18)

Date



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ACKNOWLEDGEMENT OF RECEIPT OF VOLUNTEER POLICY AND PROCEDURE

I hereby acknowledge the receipt of H4H Foundation's Volunteer Policy and Procedure.

I have received, read, understand and agree to comply with the rules and guidelines set forth in H4H Foundation's Volunteer Policy and Procedure. I further understand that this document will be placed in my volunteer file.

Name

Signature (Or parent/guardian if under 18)

Date