



VOLUNTEER APPLICATION

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

Thank you for your interest in our organization.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Position: _____

Phone number where you are most easy to reach: _____

Email: _____

Date of birth (mm/dd/yy) _____

Any special talents or skills you have that you feel would benefit our organization?

Interests: Please tell us in which areas you are interested in volunteering

Administration

Events

Programs

Marketing

Social Media

Fundraising

Deliveries

Communication

Graphic design

Community Outreach

Specific program _____

Please indicate days available: Mon Tues Wed Thur Fri Sat Sun

Times available: From _____ to _____

Any physical limitations? _____

In case of emergency, please contact:

Name _____

Relation _____

Address _____

Phone _____

As a volunteer of our organization I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

(12/14/2018)

Thank you for celebrating with us!

8000 Walton Parkway, Suite # 202 E www.celebratingone.org
New Albany, OH 43054

614-656-2173
info@celebratingone.org



VOLUNTEER WAIVER

We greatly appreciate your assistance and commitment to Celebrating One. Our insurance policy requires that we have an accurate record of all volunteers. This is an annual form where you agree to release Celebrating One of all liability while working with Celebrating One. This form is in effect for one year from the signing date.

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____ 20____, by _____ (the "Volunteer") in favor of Celebrating One, a non-profit corporation, their directors, officers, employees, and agents (collectively, "C1").

The Volunteer desires to work as a volunteer for C1 and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include participating in special events and fundraisers, and working in an office setting.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

Release and Waiver: Volunteer does hereby release and forever discharge and hold harmless Celebrating One and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with Celebrating.

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

Medical Treatment: Volunteer does hereby release and forever discharge Celebrating 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.

Insurance: The Volunteer understands that, except as otherwise agreed to by Celebrating One in writing, Celebrating One does not carry or maintain health, medical, or disability insurance for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release: Volunteer does hereby grant and convey unto Celebrating One all rights, title, and interest in any and all photographic images and video or audio recordings during the Volunteer's Activities with Celebrating, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other: Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio and that this Release shall be governed by and interpreted in accordance with the laws of the State of Ohio. Volunteer 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.

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

Volunteer Name (Print Please) : _____

Volunteer Signature: _____ Today's Date: Group/Organization: _____
(if applicable) _____

***** If the volunteer is under the age of 18 a parent or legal guardian must sign. *****

Parent Name: _____

Parent Signature: _____ (if 18 or under)

(12/14/2018)

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