



Volunteer Registration Application

Full Name: _____
First M Initial Last

Mailing Address: _____
Number Street Apt.
_____ City County State Zip

Phone: Home _____ **Mobile** _____

Email: _____

Date of Birth: _____

In the event of an emergency, contact: _____
Relationship: _____
Phone Number: _____

List two references: a non-family member (or school/church reference if under 18 yrs old)

1. _____
Name relationship phone/email
2. _____
Name relationship phone/email

Have you volunteered at events with people with disabilities? ____ **YES** ____ **NO**

Please read before signing

I understand the following:

- Some of the information I have provided may be verified, and I give permission to Joyful Hearts to check my references and to make inquiry of others including without limitation my employer concerning my background and suitability to act as a Joyful Hearts volunteer. _____(initial)
- In the course of volunteering for Joyful Hearts, I may be dealing with confidential information and I agree to keep said information in the strictest confidence. ____ (initial)
- In relationship between Joyful Hearts volunteers is an “at will” arrangement, and that it may be terminated at any time without cause by either the volunteer or Joyful Hearts _____(initial)
- I grant Joyful Hearts permission to use my likeness, voice and words in television, radio, film or in any form to promote activities of Joyful Hearts _____(initial)
- I hereby agree to release, discharge and hold harmless Joyful Hearts, its officers, agents and directors of and from all causes, liabilities, damages, claims or demands on account of any injury or accident arising out of my attendance and participation as a volunteer in Joyful Hearts _____(initial)
- I acknowledge that I am in good physical condition and that I am unaware of any existing medical condition(s) which would prevent me from participating as a volunteer with Joyful Hearts _____(initial)
- I grant permission to Joyful Hearts, its officers, agents and directors to take whatever measures are necessary to provide medical care and treatment that is deemed advisable and to obtain any necessary emergency treatment that is deemed advisable. ____ (initial)

- Joyful Hearts Board/volunteers may not be alone with children/adults they meet at Joyful Hearts events, fundraisers or activities outside the event. This includes babysitting, sleepovers, riding in cars, and inviting children/participants to their homes. _____(initial). If you chose to not follow the guidelines as stated above you agree to release, discharge and hold harmless Joyful Hearts, its officers, agents and directors of and from all causes, liabilities, damages, claims or demands arising out of an attendee at your home/vehicle or private outing. _____(initial)
- No one under the age of 14 is allowed to volunteer without a parent/guardian /chaperone with them at all times at Joyful Hearts activities, events and fundraisers _____(initial)
- Ages 15-17 must be in pairs at all Joyful Hearts activities, events, fundraisers for safety of volunteers and participates _____(initial)

I affirm that I have read the above and that the information I have given is true and complete

Signature _____ **Date** _____
Print Name _____

Initial One:

Volunteer is at least eighteen (18) years of age and executes this release on his/her own behalf _____
 Volunteer is less than eighteen (18) years of age. The undersigned is the _____parent _____legal guardian (initial one) of the volunteer and executes this Release on behalf of the volunteer

Signature _____ **Date** _____
Print Name _____