

Volunteer Application & Release Waiver



Name: _____ Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____

Email: _____

Emergency Contact Name: _____

Emergency Contact Number: _____

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AREAS OF INTEREST

- | | |
|--|--|
| <input type="checkbox"/> 24/7 Hotline | <input type="checkbox"/> Addiction (assistant) |
| <input type="checkbox"/> Administration (Emails, Filing) | <input type="checkbox"/> Domestic Violence (assistant) |
| <input type="checkbox"/> Social Media (Posts, events, Announcements) | <input type="checkbox"/> Sexual Assault (assistant) |
| <input type="checkbox"/> Counseling (Must be licensed) | <input type="checkbox"/> Youth (assistant) |
| <input type="checkbox"/> Coaching (Must be certified) | <input type="checkbox"/> PTSD (assistant) |
| <input type="checkbox"/> Support Groups (No requirements) | <input type="checkbox"/> Exercise & Dance (assistant) |
| <input type="checkbox"/> Teach a workshop (No Requirements) | <input type="checkbox"/> Crafts (assistant) |
| <input type="checkbox"/> Events (Networking, set up, & take down) | <input type="checkbox"/> Mentorship / Sponsor |
| <input type="checkbox"/> Ministry (Prayer room, reach out, support) | <input type="checkbox"/> Food & Supply Pantry |
| <input type="checkbox"/> Senior Center (assistant) | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Mommy & Me (assistant) | |

SKILLS & STRENGTHS:

- | | | |
|--|--|---------------------------------------|
| <input type="checkbox"/> Speak another language _____ | <input type="checkbox"/> Labor (Heavy Lifting) | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Security | |
| | <input type="checkbox"/> Networking | |

AVAILABILITY

Our volunteer requirements is that you will need to donate 3 days a month, some shifts might be only a few hours and others might require more if your on the hotlines. Please let us know your availability:

- | | | |
|-----------------------------------|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Weekends | <input type="checkbox"/> Tuesday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Weekdays | <input type="checkbox"/> Wednesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Monday | <input type="checkbox"/> Thursday | <input type="checkbox"/> Sunday |



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RELEASE AND WAIVER OF LIABILITY

This release and waiver of liability the really see is executed on the date set forth above by _____ (“Volunteer”) in favor of **CENTRAL POINT BEHAVIORAL HEALTH CENTER** and their directors, officers, employees, volunteers, sponsors, agents, successors, and assigns (collectively, “CPBHC”).

Volunteer desires to engage in activities related to being a volunteer for CPBHC (the “Activities”). Volunteer understands that the Activities may include advocacy, networking, fundraisers/events set up and tear down, hotline, ministry, referral assistance, constructing an rehabilitating residential buildings and related improvement, working in the CPBHC offices and providing various volunteer services.

Volunteer hereby freely, voluntarily, and without duress execute and Releases under the following terms:

RELEASE AND WAIVER

- a) Volunteer **WAVES, RELEASES, AND DISCHARGE CPBHC** from any and all liability, including but, not limited to, liability arising from CPBHC negligence or fault , for Volunteer’s death, disability, personal injury, property damage, property theft, any and all trauma, or actions of any kind which may hereafter occur to Volunteer, **including traveling to and from the activities.**
- b) Volunteer **INDEMNIFIES, HOLDS HARMLESS, AND PROMISES NOT TO SUE CPBHC** from any and all liabilities or claims made as a result of Volunteer’s participation in Activities, whether caused by CPBHC negligence or otherwise.

Volunteer acknowledges that CPBHC is **NOT** responsible for the errors, omissions, acts, or failures to act of any other party or entity conducting a specific activity on its behalf.

MEDICAL CONDITION: Volunteer certifies that a qualified medical professional has not advised against in the participating in the Activities. Volunteer certifies that there are no health-related reason or problems which preclude participation in the Activities.

MEDICAL TREATMENT: Volunteer does hereby **RELEASE AN FOREVER DISCHARGE CPBHC** from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteers Activities with CPBHC. Volunteer hereby consents to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during the Activities.

ASSUMPTION OF THE RISK: VOLUNTEER UNDERSTANDS THAT THE ACTIVITIES INCLUDING WORK THAT MAY BE HAZARDOUS TO THE VOLUNTEER, INCLUDING, BUT NOT LIMITED TO, CONSTRUCTION, DEMOLITION, HANDLING HAZARDOUS MATERIALS, LOADING AND UNLOADING, AND TRANSPORTATION TO AND FROM WORK SITES. VOLUNTEER IS FULLY AWARE OF THE RISK AND HAZARDS CONNECTED WITH THE ACTIVITIES AND HEREBY ELECTS TO VOLUNTEER PARTICIPATE IN THE ACTIVITIES, AND TO ENGAGE IN SUCH ACTIVITIES KNOWING THAT THEY MAY BE HAZARDOUS TO THE VOLUNTEER. VOLUNTEER AGREES



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TO VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OR LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, OR ANY LOSS OR DAMAGE TO PROPERTY OWNED BY VOLUNTEER, AS A RESULT OF BEING ENGAGED IN THE ACTIVITIES, WHETHER CAUSED BY THE NEGLIGENCE OF CPBHC OR OTHERWISE.

INSURANCE: Volunteer understands that, except as otherwise agreed to by CPBHC in writing, CPBHC does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Volunteer also understands that CPBHC does not assume any responsibility 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.

PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and CPBHC all right, title, and interest in any and all photographic images and videos or audios recordings made by CPBHC during Volunteer's activities with CPBHC, or other events, 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 California, and that this Release shall be governed by and interpreted in accordance with the laws of this state. Volunteer agrees that in the event that any clause or provisions 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.

Signed: _____ Date: _____

Parent / Guardian Signature: _____ Date: _____

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

WITNESS / CPBHC Staff Member: _____

Each volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage

