



HandyCapable Network

VOLUNTEER APPLICATION

Please PRINT or TYPE

Date _____

Name _____ Birthdate _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell/ Alt number _____

E-mail _____

Emergency contact: _____ Relationship _____

Phone _____ Cell/ Alt number _____

Email: _____

How did you hear about us? _____

Student ? __Y / N__ School _____

Volunteer Work Objectives (check all that apply):

- Learn new skills Use existing skills Meet and work with new people Help the community
 Other, explain

Do you have any medical or special needs? _____

By signing and returning this form I certify that all entries are true and complete.

Signed _____

Date _____

Print name _____

Waiver of Liability

I, the Volunteer, desire to work as a volunteer for HandyCapable Network and engage in the activities related to being a volunteer. I hereby freely and voluntarily, without duress, execute this Waiver under the following terms:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless HandyCapable Network 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 my volunteer work with HandyCapable Network. I understand and acknowledge that this Waiver discharges HandyCapable from any liability or claim that I, the Volunteer, may have against HandyCapable with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation at HandyCapable Network. I also understand that HandyCapable 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, illness, death or property damage.

2. Insurance. I, the Volunteer, understand that I expressly waive any such claim for compensation or liability on the part of HandyCapable beyond what may be offered freely by the representative of HandyCapable in the event of such injury or medical expense.

3. Medical Treatment. I hereby release and forever discharge HandyCapable 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 time with HandyCapable.

4. Assumption of the Risk. I understand that my time with HandyCapable may include activities that may be hazardous to me, including loading and unloading of heavy equipment and materials.. I hereby expressly and specifically assume the risk of injury or harm in these activities and release HandyCapable from all liability for injury, illness, death, or property damage resulting from the activities of my time with HandyCapable.

5. Other. I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of North Carolina in the United States of America, and that this Waiver shall be governed by and interpreted in accordance with the laws of the State of North Carolina. I agree that in the event that any clause or provision of this Waiver 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.

Signature
(Parent/Guardian if under 18)

Date

Print
(Parent/Guardian if under 18)

Photographic Release Permission Form

MINORS RELEASE FORM

HandyCapable Network
415 N. Edgeworth St., Suite 175
Greensboro, NC 27401

Permission to Use Photographs and/or Videos

I hereby:

- a. Grant HandyCapable Network permission to use photographs and/or videos of me and my family in any media relating to the organization, including but not limited to newsletters, website entries, instructional settings, news coverage, and presentations.
- b. Agree that HandyCapable Network may use such material with or without my name for any lawful purpose, including publicity, illustration, advertising, and marketing.

I hereby release and discharge HandyCapable, its employees, attorneys, licensees and assigns, from any and all claims and demands arising out of or in connection with the use of the photographs, including all claims for libel or violation of rights of publicity, privacy or copyright.

I have read and understand the above:

Minor's Name (printed)

X _____

Parent/Guardian's Name (printed)

X _____

Parent/Guardian's Signature

X _____