



## THE ARC OF HANOVER VOLUNTEER APPLICATION

Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

Email address: \_\_\_\_\_

Nickname or Preferred Pronoun: \_\_\_\_\_ Date of Birth? \_\_\_\_\_

Race: \_\_\_ American Indian \_\_\_ Asian \_\_\_ Black or African American \_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_ White  
\_\_\_ Middle Eastern/North African (MENA) \_\_\_ Some Other Race/Mixed Heritage \_\_\_ Prefer Not to Answer

Do you have intellectual or developmental disabilities (IDD)? \_\_\_\_\_

Are you the parent/legal guardian of a person with an IDD (note: some IDD volunteers do have legal guardians and they are required to sign the form) ? \_\_\_\_\_

Physical conditions, allergies, etc., we should know about? \_\_\_\_\_

Areas of interest in volunteering (i.e., Fundraising, the Arc of Hanover thrift store, events, committees). Also list previous work/volunteer experience if relevant:

\_\_\_\_\_  
\_\_\_\_\_

Emergency contact name: \_\_\_\_\_

Relationship to you: \_\_\_\_\_ Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

IF YOU ARE UNDER 18: Parent's Signature: \_\_\_\_\_

Parent/Legal Guardian name: \_\_\_\_\_

Parent/Legal Guardian phone: \_\_\_\_\_

Parent/Legal Guardian email: \_\_\_\_\_

I give permission to The Arc of Hanover and its representatives to obtain necessary emergency medical attention in case of sickness or injury for myself, my child, or the person for whom I am the parent/legal guardian listed above. I hereby verify that the above information is correct to the best of my knowledge. If I am the legal guardian of the person listed above, I verify that I completed and received approval of the relevant guardianship legal forms.



Background Check Authorization: I authorize the Arc of Hanover, through a third party, to conduct a background check on me. The background check may be done through a third party. Information obtained through the background check may be used to determine eligibility to volunteer for the Arc of Hanover.

Privacy Policy: Personal information contained within this form will be stored and secured by the Arc of Hanover and may be used or shared consistent with this form.

Photo/Video Waiver: I authorize the Arc of Hanover to use any videos/photos taken of me on their website and any other marketing/social media channels. **Initial here \_\_\_\_\_ if you do not authorize photos and videos taken of you to be used.**

I acknowledge that I am working as a volunteer for Arc of Hanover, which may include volunteer activity in the Arc of Hanover Thrift Store or other volunteering locations associated with the Arc of Hanover. I hereby acknowledge that working and volunteering for the Arc involves some risk, and further acknowledge that I have chosen to engage and work on activities within the Arc premises. I hereby acknowledge that I assume any and all risk of injury, which may occur as the result of my working as a volunteer for Arc.

Furthermore, I do, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release, indemnify and hold harmless the Arc, its officers, directors, sponsors, servants, and volunteers with respect to any and all injury, disability, death, loss or damage to the person or property associated with any and all activities resulting from my voluntary participation with the Arc, whether arising from the actions of the releasees or otherwise, to the fullest extent permitted by law.

The site of any lawsuit arising out of my voluntary participation with the Arc shall be Hanover County, Virginia and governed by the laws of the Commonwealth of Virginia and I hereby agree that if Arc is forced to defend any action or lawsuit brought by myself, my executors, my heirs or assigns arising out of said participation resulting in injury or death, then I will pay any and all costs and attorney's fees that may arise from such litigation. If any part of this waiver is found to be invalid in the court of law, then it does not void or invalidate the rest of this agreement.

Volunteer Signature: \_\_\_\_\_

Parent/Legal Guardian Signature (if applicable): \_\_\_\_\_

Print Your Full Name: \_\_\_\_\_

Date: \_\_\_\_\_