



THE ARC OF HANOVER VOLUNTEER APPLICATION

Your Name: _____ Date: _____

Address: _____

Phone number: _____

Email address: _____

Gender at birth: _____ Your age? _____

Do you have intellectual or developmental disabilities (IDD)? _____

Are you the parent/custodian of a person with an IDD? _____

Physical conditions, allergies, etc we should know about? _____

Emergency contact name: _____

Relationship to you: _____ Phone: _____

Email address: _____

IF YOU ARE UNDER 18:

Parent or Custodian name: _____

Parent or Custodian phone: _____

Parent or Custodian 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 custodian listed above. I hereby verify that the above information is correct to the best of my knowledge.

SIGNATURE REQUIRED Volunteer Signature: _____

Parent/Custodian Signature: _____



SIGNATURE REQUIRED

Background Check Authorization: I authorize the Arc of Hanover 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 Waiver: I authorize the Arc of Hanover to use any photos taken of me on their web site and any other marketing/social media channels.

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. 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: _____

Custodian signature (if applicable): _____

Print Your Full Name: _____

Date: _____