

A.C.T.I.O.N. Coalition Volunteer Application

138 East Main Street

Mountain City, TN 37683

423.727.0780

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

Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

Other Names Known As: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

Emergency Contact Name & Phone Number: \_\_\_\_\_

Current Employer/ School: \_\_\_\_\_ Phone: \_\_\_\_\_

Position/Grade: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Are you needing volunteer hours for:

College Requirements? \_\_\_\_\_ Court Appointed? \_\_\_\_\_ Other? \_\_\_\_\_

Special Skills/ Training: \_\_\_\_\_

Do you speak, read, or write any languages other than English? Yes \_\_\_ No \_\_\_

If yes, please specify: \_\_\_\_\_

Availability:

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

Personal/Professional Reference's (Other Than Relatives):

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor (excluding traffic violations)?

Yes \_\_\_\_\_ No \_\_\_\_\_ \*If yes, please explain: \_\_\_\_\_

If over 18, would you be willing to have a background check? Yes \_\_\_\_\_ No \_\_\_\_\_

(This may be required to participate as a volunteer for certain programs.)

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**Volunteer Agreement:**

I understand that I am applying to be a volunteer, not a paid employee, at A.C.T.I.O.N. Coalition. I understand that I am authorized solely to perform tasks assigned specifically to me. I understand that I must follow all rules and regulations of A.C.T.I.O.N. Coalition. I understand that all information concerning A.C.T.I.O.N. Coalition is strictly confidential, and I hereby agree to maintain this confidentiality.

I agree to accept full responsibility and to hold harmless A.C.T.I.O.N. Coalition, it's employees, directors, officers, or agents from any and all claims and damages that may arise from my participation in the volunteer program.

I understand that in order to make volunteer hours available to all in need, I will only be allowed to volunteer up to 4 hours per week unless previous approval granted by A.C.T.I.O.N. Coalition Director.

I have read and understand the above and agree to comply with all rules and regulations of A.C.T.I.O.N. Coalition and the Volunteer Services Department. I understand that failure to comply with such rules and regulations may be cause for my removal from the volunteer program. I understand A.C.T.I.O.N. Coalition may terminate my volunteer services for any reason (or no reason) at any time.

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

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

Parent/Guardian: \_\_\_\_\_

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



## Release and Waiver of Liability Form

This Release and Waiver of Liability (the "Release") executed on this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of A.C.T.I.O.N. Coalition Inc., a non-profit corporation, their directors, officers, employees, and Agents. The above-named person desires to work as a volunteer for ACTION and engage in the activities as related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include: Sobriety Checkpoints, Fundraisers, Community Fair Events and Leadership Development activities.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless A.C.T.I.O.N. Coalition Inc. 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 Volunteer's Activities with A.C.T.I.O.N. Coalition Inc

Volunteer understands that this Release discharges A.C.T.I.O.N. Coalition Inc. from any liability or claim that the Volunteer may have against A.C.T.I.O.N. Coalition Inc. with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with A.C.T.I.O.N. Coalition Inc, whether causes by the negligence of A.C.T.I.O.N. Coalition Inc. or its officers, directors, employees, or agents or otherwise.

Volunteer also understands that A.C.T.I.O.N. Coalition Inc. 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 or illness.

**Medical Treatment:** Volunteer does hereby release and forever discharge A.C.T.I.O.N. Coalition Inc. from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with A.C.T.I.O.N. Coalition Inc.

**Assumption of the Risk:** The Volunteer understands that the Activities includes work that may be hazardous to the Volunteer.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases A.C.T.I.O.N. Coalition Inc. from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that, except as otherwise agreed to by A.C.T.I.O.N. Coalition Inc. in writing, A.C.T.I.O.N. Coalition Inc. does not carry or maintain health, medical, or disability insurance for any Volunteer

**Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

**Photographic Release:** Volunteer does hereby grant and convey unto ACTION all rights, title, and interest in any and all photographic images and video or audio recordings made by ACTION during the Volunteer's Activities with ACTION, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other:** Volunteer expressly agrees that this Release in intended to be as broad and inclusive as permitted by the laws of the State of Tennessee and that this Release shall be governed by and interpreted in accordance with the laws of the State of Tennessee. Volunteer agrees that in the event that any clause or provision 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.

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

**Volunteer Name (Print Please) :** \_\_\_\_\_

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

**Today's Date: -** \_\_\_\_\_

**Volunteer Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone number where you are most easy to reach:** \_\_\_\_\_

**Email :** \_\_\_\_\_

**Group/Organization: (if applicable)** \_\_\_\_\_

**\*\*\*\*\* If the volunteer is under the age of 18 a parent or legal guardian must sign.\*\*\*\*\***

**Parent Signature:** \_\_\_\_\_ ( if 18 or under)

**In case of emergency, please contact:**

**Name** \_\_\_\_\_

**Relation** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_

**This form is in effect for one year from the signing date.**

**This project is funded under an agreement with the State of Tennessee**