



Illuminate Heart Volunteer Form

Welcome to Illuminate Heart volunteer's opportunity!

Our organization encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you. Thank you for your interest in our organization.

Please read the **VOLUNTEER CONTRACT** which must be signed and dated before filling out this form.

Please Print Clearly:

Name _____

Address _____

Phone (home) _____ (Other) _____

Date of Birth _____

How did you learn about us? _____

Education (Highest Level) _____ Other Languages _____

Days and hours available per week _____

EMERGENCY CONTACT INFORMATION:

Name _____ Phone _____

Address _____ Relationship _____



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For Students Only:

Are these hours for Units of Credit for High School (Gr. 9-12), or College? _____

Number of hours required or needed _____

School _____ Age _____

Parent/Guardian's Signature (under age 18) _____

School Counselor's Signature _____

Volunteer Preference Category

☐ Field Trip's Chaperone

☐ Classroom Helper

☐ Lunch Helper

☐ Dinner & Dance helper

☐ Fundraising Events

☐ Professional Services/ Administration: _____

☐ Teaching Classes: _____

☐ Buddies of the Heart Program

☐ Other: _____

☐ Other: _____

☐ Other: _____



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WAIVER OF LIABILITY RELATING TO CORONAVIRUS/ COVID 19 (please initial each one)

_____ **ILLUMINATE HEART INC, cannot prevent you from becoming exposed to, contracting, or spreading COVID-19 while utilizing Illuminate Heart's services or premises. It is not possible to prevent against the presence of the disease. Therefore, if you choose to be a volunteer at Illuminate Heart and/or enter onto Illuminate Heart's premises you may be exposing yourself to and/or increasing your risk of contracting or spreading COVID-19.**

_____ **ASSUMPTION OF RISK: I have read and understood the above warning concerning COVID-19.**

_____ **WAIVER OF LAWSUIT/LIABILITY: I hereby forever release and waive my right to bring suit against ILLUMINATE HEART INC. and its owners, Board of Directors, officers, directors, managers, officials, trustees, agents, employees, or other representatives in connection with exposure, infection, and/or spread of COVID-19 related to utilizing Illuminate Heart's premises. I understand that this waiver means I give up my right to bring any claims including for personal injuries, death, disease or property losses, or any other loss, including but not limited to claims of negligence and give up any claim I may have to seek damages, whether known or unknown, foreseen or unforeseen.**

PLEASE READ THE FOLLOWING AND SIGN BELOW:

- As a Volunteer, I agree to abide by the policies of Illuminate Heart, Inc. Failure to abide by these policies will result in immediate dismissal.
- Your Volunteer assignment will not be held for you if you must be away for extended time periods.
- As a volunteer of our organization I agree to abide by the policies and procedures.
- I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization.
- I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Volunteer Signature

Date