



# Healthy Aging Association

## VOLUNTEER APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Preferred contact (circle one) Text Phone Call

Email Address: \_\_\_\_\_ Birthday (Month & Day) \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: Spouse Partner Parent Child Neighbor Family Other \_\_\_\_\_

**Program Name:** Dignity At Home **Position:** Assist in In-Home Assessments

Additional Information, check all that apply (yes).

Speak more than one language? If so, what languages? \_\_\_\_\_

Have your own transportation?

Allergic to Dogs?

Allergic to Cats?

Familiar with taking pictures on a tablet?

CPR Certified?

Can we contact you about any other volunteer opportunities within our organization?

Any other information that is essential for Healthy Aging Association to be aware of prior to assisting in the home of an older client for the In-Home Environmental Assessment?

Other Skills or Certifications: \_\_\_\_\_

### **VOLUNTEER/INTERN WAIVER**

I understand that this is an application for and not a commitment or promise of volunteer opportunity, nor am I obligated to accept a position offered. **CONSENT TO PHOTOGRAPH/RECORD** I hereby authorize the Healthy Aging Association, and affiliated not-for-profit organizations to permit news media and other representatives to photograph or film me and agree they may use, or permit others to use, tapes, films, or prints, prepared there from. I agree that the above named organizations, their employees, and agents, shall not be responsible in any way for the content of news media coverage in which the photography authorized herein is used.

**HOLD HARMLESS AGREEMENT** The undersigned shall hold the Healthy Aging Association, and affiliated not-for-profit organizations, their agents, officers, directors, employees, consultants, and their successors, and volunteers harmless from and save, defend and indemnify them against any and all claims, losses, liabilities and damages from every cause, including but not limited to injury to person or property or wrongful death, with the indemnity to include reasonable attorney's fees, and all costs and expenses, arising directly or indirectly out of any act or omission of the undersigned, whether or not the act or omission arises from the sole negligence or other liability of aforementioned Agencies, or its agents, employees, or volunteers relating to or during the performance of its obligations under this agreement.

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Healthy Aging Association, and affiliated not-for-profit organizations and sign it of my own free will.

Signature \_\_\_\_\_ Date \_\_\_\_\_