



Volunteer Application

First Name Middle Initial Last Name

Current Address City State Zip Code

() ()

Home Telephone Cell Telephone E-mail Address

Employer's Name/School's Name Occupation/Academic Major

Are you at least 18 years of age? Yes ____ No ____

Parent's/Guardian's Name (if under 18 yrs.)

Are you required to volunteer? Yes ____ No ____ If yes, how many hours required? _____
Please explain: _____

Have you ever been convicted (found guilty) of a crime (including probation(s) before judgment), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged. Yes ____ No ____

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

Duration of Volunteer Services: 1-3 months: ____ More than 3 months: ____ On-call: ____ Other: ____

Preferred T-shirt Size _____

Do you have any physical limitations/requirements? Yes ____ No ____

If yes, please explain: _____



Understanding: I certify that all information is true and has been given voluntarily. I understand that this information may be disclosed to any party with legal and proper interest. I release the agency from any liability whatsoever for supplying such information.

I understand that I must be at least 15 years of age to volunteer at Universal Housing Development Corporation and if I am under the age of 18 years of age and/or attending high school I will need parental consent.

Upon being offered a volunteer position, I understand that I may be required to provide additional information pertinent to the position for which applied.

Applicant's Signature: _____ **Date:** _____

Parental Signature: _____ **Date:** _____

Office use only

Date Received: _____

Time Received: _____

Eligible: Yes: _____ No: _____

Universal Housing Development Corporation

Monday-Friday

Office Hours: 8:00 a.m. – 4:30 p.m.

Phone: (479)968-5001; Fax: (479)968-5002

Mailing Address: P.O. Box 846, Russellville AR 72811



ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THIS EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this activity, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity in which I may participate, and that it will govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this activity, THE FOLLOWING ENTITIES OR PERSONS: Homeowner/Program Participants, Universal Housing Development Corporation and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that UHDC and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this activity may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the activity. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this activity, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns. The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.

Participant's Signature

Date

Participant's Name
(Please print legibly.)

Age

Parent/Guardian Signature
(If under 18 years old, Parent or Guardian must also sign.)

Date



Volunteer Hours Log Sheet

Volunteer Name: _____

Project/Task/Event/Activity	Date(s)	Hours	Supervisor Initial

Total Hours _____

Volunteer's Signature: _____ **Date:** _____

UHDC Supervisor's Signature: _____ **Date:** _____



PHOTOGRAPHY CONSENT FORM / RELEASE

I, (print name) _____, hereby grant permission to Universal Housing Development Corporation, to take and use: photographs and/or digital images of me for use in news releases and/or educational materials. These materials might include printed or electronic publications, Web sites or other electronic communications. I further agree that my name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Universal Housing Development Corporation.

(Date)

(Signature of adult subject)

(Address)

(City, State, Zip)

RELEASE FOR MINOR CHILDREN (Under 18)

I, (print name) _____, parent or official guardian of (child's name) _____ hereby grant permission to Science Education Foundation of Indiana representatives, to take and use: photographs and/or digital images of **my child** for use in news releases and/or educational materials as follows: printed publications or materials, electronic publications, or Web sites. I agree that my child's name and identity: may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions and shall be the property of Universal Housing Development Corporation.

(Date)

(Signature of Parent or Guardian)

(Address)

(City, State, Zip)