



**Helping Hands  
Coalition**

P.O. Box 1296  
Florence, OR 97439  
541-997-5057

Volunteer Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

All volunteers must be at least 18 years of age or older. I am 18 or older. Yes No  
Helping Hands Coalition has the right to ask for verification of age through visual confirmation of identification.

Emergency Contact: \_\_\_\_\_  
Emergency Contact Phone Number: \_\_\_\_\_

Please answer the following questions to the best of your ability.

1. Have you volunteered at Helping Hands Coalition before? Yes No If yes, when was the last time you volunteered? \_\_\_\_\_
2. Why do you wish to volunteer with Helping Hands Coalition? \_\_\_\_\_  
\_\_\_\_\_
3. Any special skills or training you wish to note or areas you wish to volunteer within Helping Hands Coalition? \_\_\_\_\_  
\_\_\_\_\_
4. Any physical or mental limitations you wish to make us aware of? Do you have requests in relation to these limitations that would aid us in accommodating you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Are you interested in volunteering on a regular basis? If so how often? \_\_\_\_\_  
\_\_\_\_\_
6. Are you interested in volunteering occasionally or seasonally? \_\_\_\_\_  
\_\_\_\_\_

**Please read carefully**

**Volunteer Confidentiality Statement:**

The volunteer will keep any and all information about Helping Hands Coalition Residents, Non-Residents, Staff, and the agency confidential, and agree to maintain all confidential information obtained during time spent volunteering at Florence Helping Hands.

**Drug Free Policy:** In accordance with the Drug Free Workplace Act of 1988, Helping Hands Coalition is committed to maintaining clean and sober facilities for our staff, volunteers and patrons. Volunteers are prohibited from reporting for their volunteer hours under the influence of alcohol or drugs. The possession or use of alcohol or legal substances, as well as illegal substances, at any Helping Hands Coalition location is strictly prohibited. Volunteers found to be in violation, will be dismissed from their volunteer duties.

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless Helping Hands Coalition and its successors and assigns from any and all liability, claims, and demands of whatever nature, either in law or equity, which may arise, or hereafter may arise, from volunteer's activities for Helping Hands Coalition. Volunteer understands and acknowledges that this Release and Waiver of liability discharges Helping Hands Coalition from all liability or claim that the Volunteer may have against Helping Hands Coalition with respect to any bodily injury personal injury, illness, death or property damage that may result from the Volunteer's activities for Helping Hands Coalition whereas caused by negligence of its officers, directors, employees, agents, volunteers or otherwise.

**Medical Treatment:** Unless otherwise agreed to in writing by Helping Hands Coalition, Volunteer does hereby release and forever discharge and hold harmless Helping Hands Coalition and its successors and assigns from any and all liability claims which may arise, or may hereafter arise, from any first aid treatment or emergency services rendered in connection with Volunteer activities at Helping Hands Coalition.

**Assumptions of Risk:** The volunteer understands that the activities at Helping Hands Coalition may include projects that may be potentially hazardous, including but not limited to, construction work or loading or unloading goods. Volunteer hereby expressly and specifically assumes the risk of injury or harm in performing these projects and releases Helping Hands Coalition from all liability for injury, illness, death or property damage resulting from the projects the Volunteer performs on behalf of Helping Hands Coalition. The Volunteer has read, understands and agrees to abide by all safety guidelines.

**Insurance:** Volunteer understands that, except as otherwise agreed to in writing by Helping Hands Coalition; Helping Hands Coalition does not assume any responsibility for providing, nor any obligation to provide, insurance coverage, financial assistance or any other assistance including, but not limited to, medical or disability insurance or payment of medical expenses in the event of injury or illness. Each Volunteer is responsible for obtaining his or her own medical or disability insurance.

**Photographic Release:** Volunteer does hereby grant and convey unto Helping Hands Coalition all rights, title and interest in any and all photographic images and video or audio recordings made by Helping Hands Coalition including, but not limited to, any royalties, proceeds or other benefits derived from such photographic images and video or audio recordings. I hereby waive any right to inspect or approve the finished photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to me or unknown, and I waive any right to royalties or other compensation arising from or related to the use of the image. This Media Release is in effect for two years of the signature date. If I wish to cancel the Release Form early, I will inform the Executive Director. By signing below, you the Volunteer, state you have read and agree to the above Release and Waiver of Responsibility, Confidentiality Statement and Drug Free Policy.

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

**Internal Use:** Date Received by Volunteer Coordinator: \_\_\_\_\_

Notes: \_\_\_\_\_