



HOME START, INC.
5005 Texas Street, Suite #203
San Diego, CA 92108
Phone: (619) 692-0727, ext. 103

Hallo-Wine 2018

EVENT VOLUNTEER APPLICATION
All information in this document is confidential.

PLEASE WRITE LEGIBLY

Last Name _____ First _____ Middle _____

Address _____ Apt. # _____

City _____ State _____ Zip _____

Preferred Phone _____ Email _____

How did you hear about Home Start? _____

ASSIGNMENT PREFERENCES

We may not be able to accommodate your preferences, but they will be taken into consideration.

- Setup
- Check In/Check Out
- Wine Cellar
- Silent Auction
- Vendor Support

VOLUNTEER EXPERIENCE

Have you volunteered before? Yes No

Describe the work: _____

Are you currently a volunteer of a different organization? Yes No

Name of the organization: _____

IN CASE OF EMERGENCY, PLEASE NOTIFY

Name _____ Relationship _____

Phone _____ Email _____

VOLUNTEER RELEASE AND WAIVER OF LIABILITY

Volunteer or Parent/Guardian understands that the scope of Volunteer's relationship with Home Start, Inc. is limited to a volunteer position and that no compensation is expected in return for services provided by Volunteer; that Home Start, Inc. will not provide any benefits traditionally associated with employment to Volunteer; and that Volunteer is responsible for his/her own expenses or insurance coverage in the event of personal injury or illness as a result of Volunteer's services to Home Start, Inc.

1. Waiver and Release: I, the Volunteer or Parent/Guardian, release and forever discharge and hold harmless Home Start, Inc. or its officers, directors, employees, sub-contractors, sponsors, agents, affiliates and volunteers from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from the services I provide to Home Start, Inc. I understand and acknowledge that this Release discharges Home Start, Inc. from any liability or claim that I may have against Home Start, Inc. with respect to bodily injury and physical or mental illness including disability, paralysis and wrongful death, and/or property damage, and economic or emotional loss that may result from the services I provide to Home Start, Inc. or occurring while I am providing volunteer services. Volunteer or Parent/Guardian agrees to indemnify and hold Home Start, Inc. harmless from any and all claims, including attorney's fees and loss or damage to personal property, that may occur as a result of participation in volunteer activities.
2. Insurance: Further I understand that Home Start, Inc. does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Home Start, Inc. beyond what may be offered freely by Home Start, Inc. in the event of injury or medical expenses incurred by me.
3. Medical Treatment: I hereby Release and forever discharge Home Start, Inc. from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Home Start, Inc.
4. Assumption of Risk: Volunteer or Parent/Guardian represents that, to his/her knowledge, Volunteer is in good health and suffers no physical impairment that would or should prevent participation in volunteer activities. Volunteer agrees to comply with all stated and customary instructions and safety precautions during participation in volunteer activities. I understand that the services I provide to Home Start, Inc. may include activities that may be hazardous to me including, but not limited to risks associated with traveling to and from volunteer activities, lifting and carrying heavy objects, walking on natural uneven outdoor surfaces, and cleaning, that may result in physical or psychological injury, pain, illness, temporary or permanent disability and/or death, emotional loss, economic loss and property damage. As a Volunteer or Parent/Guardian, I hereby expressly assume risk of injury or harm from these activities and Release Home Start, Inc. from all liability.

5. Confidentiality Policy: Home Start, Inc. is a social services agency where a high level of confidentiality is maintained at all times and in all places, even after the Volunteer's tenure with Home Start, Inc. has ended. Volunteers are agents of Home Start, Inc. and are required by law to abide by the same strict confidentiality policies regarding clients and/or donors as Home Start, Inc. staff. Confidential information includes: the fact that a person is or has been a client receiving services from Home Start, Inc., any personally identifying information about any client and/or donor, such as his/her name, photograph, address, phone number, place of work or school, lifestyle, medical or mental health information such as condition, diagnosis or treatment, and any other information provided by or about the client and/or donor with the expectation of privacy. Volunteers are strictly prohibited from communicating confidential client and/or donor information to anyone outside of Home Start, Inc. except as required by law.

ACKNOWLEDGMENT

Volunteer or Parent/Guardian acknowledges that he/she has read this Volunteer Waiver and Release Form in its entirety, is signing it freely, including electronic signing, and that no other representations, statements or inducements apart from the foregoing written agreement have been made by Home Start, Inc. Volunteer or Parent/Guardian further agrees that the foregoing Release and Waiver of Liability and Confidentiality Policy are intended to be as broad and inclusive as is permitted by the laws of the State of California, and that if any portion thereof is deemed invalid, the remainder will continue in full legal force and effect.

Signature of Applicant: _____ Date: _____

PARENTAL CONSENT (to be completed if applicant is under 18 years of age)

I give my consent for my child, named on page one of this application, to provide volunteer services to Home Start. I also give Home Start my consent to obtain any emergency medical treatment necessary for the safety of my child.

Signature of Parent/Guardian: _____ Date: _____

Printed Name of Parent/Guardian: _____

Home Start acknowledges that equal opportunity for all persons is a fundamental human value. Each volunteer applicant will be considered on the basis of individual ability and merit, without regard to race, color, age, religion, national origin, disability, sexual orientation, sex, gender identity or gender expression, medical condition, genetic information, military or veteran status or marital status.