

CARE VOLUNTEER APPLICATION

Thank you for your interest in volunteering with CARE to assist seniors with completing projects around their homes and property. Here is the Application, the Media Release and Release of Liability Waiver. If a volunteer is under 18 then only an authorized parent or legal guardian can sign the application below. This must be returned in advance of volunteering.

APPLICATION DATE _____

Are you completing this form on behalf of yourself or for your child under 18? Myself My Child Both

ADULT VOLUNTEER NAME _____ DOB _____

YOUTH VOLUNTEER NAME _____ DOB _____

ADDRESS: _____

PHONE: _____ EMAIL _____

EMERGENCY CONTACT NAME _____ PHONE _____

WHY ARE YOU INTERESTED IN VOLUNTEERING FOR CARE?

Tell us about what inspired you to contact us. If you are volunteering with an organization or group include it here.

VOLUNTEER OPPORTUNITIES All opportunities are dependent on the unique needs of the seniors we serve; however, the most common areas are yard care, exterior cleaning, minor painting and handy person projects. Service times are up to 2 hours each with no maximum per year. CARE currently serves seniors in specific Cuyahoga County cities.

APPLICATION AGREEMENT & WAIVERS We appreciate you taking the time to complete our application and are looking forward to you joining our volunteer team. To ensure that we have a mutual understanding of the general expectations of being a CARE volunteer, the following information is being provided in advance. Your signature confirms that you have read, understand and agree. Please contact us with questions.

As a volunteer of (CARE), I understand that the purpose of CARE is to provide services to assist older adult homeowners(members) in the cities CARE serves. I agree to only complete services that are assigned in advance and I have the right to decline at any point. I agree not to solicit members for business or personal gain and that there will be no exchange of money or gifts between myself and any CARE member. I understand that all information pertaining to members (current, former or potential) is strictly confidential and agree to hold in confidence any information about members, which comes to my knowledge during my association with CARE. I agree not to solicit confidential information from members or other volunteers.

I understand that due to CARE providing services to the elderly, I may be required to participate in a background screening including a fingerprint scan for a BCI/FBI background check and that for any volunteer who will be entering a member's home or providing technical assistance, or certain administrative duties, a background check is required. CARE uses a third party to complete the background check; information received is for internal purposes only and is not shared with members, other volunteers or for any purposes not related to my volunteering for CARE.

I agree to comply with CARE guidelines, processes and procedures during the duration of my volunteer service. I understand and agree that either party may terminate this volunteer relationship at any time and that submitting this application does not imply a guarantee to volunteer or approval by CARE for me to be a volunteer. This application and terms outlined has no expiration date and remains in effect during and after my role as a volunteer or until a new

application issued by CARE is required. This signed application replaces any previously signed applications.

AUDIO-PHOTO-VIDEO MEDIA RELEASE FORM

I grant permission to (CARE) and its agents or employees to use photographs and/or video and audio taken of me. These images may be used in educational and documentary materials such as Public Service Announcements, Grant Applications, Video Documentaries and both printed and online newsletters. Furthermore, I authorize the use of my image, likeness, and voice for all program promotion, materials, and any other purposes in connection with the program deemed appropriate and necessary by CARE.

I hereby agree to release, defend, and hold harmless CARE and its agents or employees, including any firm publishing and/or distributing the finished product in whole or in part, whether on paper, via electronic media, or on Web sites, from any claim, damages, or liability arising from or related to the use of the photographs/video, including but not limited to any misuse, distortion, blurring, alteration, optical illusion, or use in composite form, either intentionally or otherwise, that may occur or be produced in taking, processing, reduction, or production of the finished product, its publication, or distribution. This release has no expiration date and remains in effect during and after my role as a volunteer or until a new release issued by CARE is required to be signed. This signed release replaces any previously signed releases. I am at least (18) years of age and fully competent to sign this release on my own behalf or on behalf of my underage child.

AGREE OR DECLINE Agree to Media Release Decline Media Release - but still want to volunteer

CARE LIABILITY RELEASE AND WAIVER This is a binding Release of Liability made by the Volunteer to (CARE) 1370 Victory Drive, South Euclid OH 44121. I am at least eighteen (18) years of age and fully competent to sign this Release on my own behalf or on behalf of my underage child. I execute this release for full, adequate, and complete consideration fully intending to be bound by the same. I acknowledge that I am participating in an event, activity or unpaid experience of the CARE Program. I fully recognize that there are risks to which I may be exposed to by participating in these activities, events or volunteer experiences which may include, but are not limited to, accident or injury.

TOOLS & SUPPLIES Volunteers are permitted to bring their own tools, are responsible to use them in a safe manner as intended, and are required to bring and use the appropriate PPE (personal protective equipment). Volunteers are not permitted to use power tools owned by the senior homeowner; not permitted to use ladders; volunteers under 18 are not permitted to use power tools. Supplies are provided by CARE or in some instances the CARE Member. CARE does not permit the use of any form of chemical, toxic, organic or home-made products intended for weeds, trees, grass or any area of yard maintenance. Spray paints and toxic cleaners are not permitted.

POTENTIAL RISKS OF YARD CARE PROJECTS Volunteers will be exposed to various tools and conditions consistent with outdoor activities in yard maintenance.

The potential risks include but are not limited to: Injury due to using or being around manual and power tools; sharp manual tools such as shears, hedgers, clippers, rakes, weed tools, loppers, shovels, and garden hand tools. Power tools include but are not limited to gas powered or electric, weed whackers, string trimmers, leaf blowers, power saws, chain saws, hedge trimmers, rototillers, push lawnmowers. Injury can include but are not limited to scratches and cuts; projectiles hitting the eye or body, bodily injury from blades and strings, burns, fuel, batteries, heavy tools or debris falling on person, or injury due to lifting or overuse; injury due to uneven terrain including (but not limited to) trips and falls; exposure to poison ivy and other allergenic plant species; exposure to various insects (including bees); exposure to unknown environmental elements; other unforeseen and unpredictable risks that come with working outside.

PERSONAL PROTECTIVE EQUIPMENT (PPE) for outside yard activities includes (but is not limited to) garden/work gloves, safety goggles, ear protection, head protection, masks, appropriate clothing and shoes for the activity, face guards, leg and knee protection. Similar and additional PPE may be appropriate for other volunteer activities.

POTENTIAL RISKS OF OTHER PROJECTS Volunteers who participate in other projects may use or be exposed to products and tools consistent with minor repairs, painting, cleaning and other activities. Risks can include but are not limited to exposure to paint, paint chips, and dust, sharp objects such as nails, screws, glass, metal, paint scrapers, manual and power tools such as drills and saws. Injuries can include (but are not limited to) scrapes, cuts, burns, skin irritation, eye injury and bodily injury, and injury from projectiles, lifting, exposure to unknown environmental elements; other unforeseen and unpredictable risks that come with maintaining a home and property.

I agree to assume on my own behalf and if applicable that of my volunteer child, all of the risks and responsibilities in any way associated with volunteering with CARE. In consideration of and return for the experience and any other assistance provided to me by the CARE Program in this activity, I release, waive, forever discharge and covenant not to sue CARE, its employees, administrators, board members, agents and insurers from any and against all liability, claims, demands, actions, causes of action, costs and expenses of any nature which may occur or which may hereafter accrue to me arising out of or related to any loss, damage or injury that may be sustained by me or by any property belonging to me. I understand that this Release covers liability, claims and actions caused entirely or in part by any acts or failures to act of the Agency (CARE) (or its board, employees or agents), including but not limited to negligence, mistake, or failure to supervise by CARE while participating within any stage of the activity.

I understand that CARE does not have medical personnel available at the location of the event, activity or experience. I understand and agree that the CARE is granted permission to authorize emergency medical treatment, if necessary, and that such action by shall be subject to the terms of the Agreement. I understand and agree that CARE assumes no responsibility for any injury or damage that might arise out of or in connection with such authorized emergency medical treatment. I recognize that this Release means I am giving up on my behalf, among other things, rights to sue the Agency, its employees, administrators, board members, agents and insurers for injuries, damages or losses I may incur. I also understand that this Release binds my heirs, children, executors, administrators, and assigns, as well as myself.

LEAD WARNING STATEMENT Housing built before 1978 may contain lead-based paint. Lead from paint, paint chips and dust can pose health hazards if not taken care of properly. Lead exposure is especially harmful to young children and pregnant women. It is not recommended that children or pregnant women participate in painting projects in homes built prior to 1978. Others who wish more information on safe practices for work with lead-based paint should request literature.

I hereby release CARE, its directors, staff and agents from any all claims, responsibility, liability or cause of action, for any injury, loss or damage that I or my underage child may incur in connection with volunteer activities with CARE.

I have read the Application Agreement, Media Release and the Liability and Waiver in their entirety, understand them and agree to be legally bound by them. I understand that I have a right to seek legal advice in advance of signing this document.

Print Name: _____ Signature _____ Date _____