



## Albany Helping Hands Volunteer Application

Fill out and email to [info@albanyhh.org](mailto:info@albanyhh.org)

or drop in the mail addressed to

AHH Volunteers

619 9<sup>th</sup> Ave SE, Albany, OR 97322

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: \_\_\_

Albany Helping Hands has the right to ask for verification of age through visual confirmation of identification.

I am required to complete community service hours. How many hours are required? \_\_\_\_\_  
If specific location, where? \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

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

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

1. Have you volunteered at Albany Helping Hands before? Yes: \_\_\_ No: \_\_\_

If yes, when was the last time you volunteered: \_\_\_\_\_

2. Why do you wish to volunteer with Albany Helping Hands? \_\_\_\_\_

\_\_\_\_\_

3. Any special skills or training you wish to note or areas you wish to volunteer within Albany Helping Hands? \_\_\_\_\_

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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?

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5. Are you interested in volunteering on a regular basis? If so how often?

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6. Are you interested in volunteering occasionally or seasonally? \_\_\_\_\_

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**Please read carefully**

**Volunteer Confidentiality Statement:** The volunteer will keep any and all information about Albany Helping Hands Residents, Non-Residents, Staff, and the agency confidential, and agree to maintain all confidential information obtained during time spent volunteering at Albany Helping Hands

**Drug Free Policy:** In accordance with the Drug Free Workplace Act of 1988, Albany Helping Hands 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 Albany Helping Hands' 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 Albany Helping Hands 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 Albany Helping Hands.

Volunteer understands and acknowledges that this Release and Waiver of Liability discharges Albany Helping Hands from all liability or claim that the Volunteer may have against Albany Helping Hands with respect to any bodily injury personal injury, illness, death or property damage that may result from the Volunteer's activities for Albany Helping Hands whereas caused by negligence of its officers, directors, employees, agents, volunteers or otherwise.

**Medical Treatment:** Unless otherwise agreed to in writing by Albany Helping Hands, Volunteer does hereby release and forever discharge and hold harmless Albany Helping Hands 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 Albany Helping Hands.

**Assumptions of Risk:** The volunteer understands that the activities at Albany Helping Hands 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 Albany Helping Hands from all liability for injury, illness, death or property damage resulting from the projects the Volunteer performs on behalf of Albany Helping Hands, 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 Albany Helping Hands; Albany Helping Hands 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 Albany Helping Hands all rights, title and interest in any all photographic images and video or audio recordings made by Albany Helping Hands 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: \_\_\_\_\_

<p><b>Internal Use:</b></p> <p>Date Received by Volunteer Coordinator: _____</p> <p>Department/Location: _____</p> <p>Moved to Assigned Manager: _____</p> <p>Notes: _____</p> <p>_____</p>
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