



Name _____

Address _____ Apt _____

City _____ St _____ Zip _____

Preferred Phone Number _____

Email _____

Volunteer Application

We are very grateful for your offer to help. Know that we rely on you to follow-through with any volunteer assignment you accept.

Please print neatly. Thank You!

I'm volunteering as part of the following group:

I'd like to volunteer **One time** **Recurring**

If volunteering on a regular schedule :

Times per Week , or other _____

Good days and times for me:	Morning	Afternoon
Monday	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>

I am someone you might call on short notice, such as in the event of a cancellation.

Complete this section if seeking to be a recurring volunteer

I'd like to work in the following area(s)

Food Pantry (distribution)
 Clothing Closet (sorting/distribution)
 Employment Resource Center
 Administrative (office work)
 Special Events
 Where needed

I'm experienced in

General office & phone MS Word
 MS Excel Data Entry
 Other _____

I am fluent in (foreign languages):

All who sign below have read and understand the Release & Waiver printed on this Application form

Applicant's signature _____ Today's Date _____ Birthday _____

Emergency contact _____ Relationship _____ Phone _____

Volunteers under the age of 18 require approval by a Parent or Guardian. I am Parent or Guardian of this applicant :

Name _____ Signature _____ Date _____

Care for Real should be aware of the applicant's medical conditions:

Complete this section if you are volunteering for School, Community, or Court-ordered service

Name of School, Court, Community agency _____

If by Court order, what was the nature of the offense? _____

Contact person _____ Title _____ Phone () _____

Total hours to be completed _____ between these Start _____ and Finish _____ dates.

Documentation upon completion? Court or school form Care for Real Letter _____ Other _____

(If possible, please print this on back side of application)

Volunteer Release and Waiver of Liability

Each volunteer must sign the "Release and Waiver Liability" before volunteering for Care for Real. Read this waiver carefully before you sign.

Release and Waiver of Liability. This Release and Waiver of Liability (the "Release") executed in favor of Care for Real, a nonprofit corporation organized and existing under the laws of the State of Illinois and its directors, officers, employees, and agents (collectively, "Care for Real"). The volunteer/visitor/applicant desires to work for Care for Real and engage in the activities related to being a volunteer for a work project. I, the volunteer hereby freely and voluntarily, without duress, execute this Release under the following terms.

1. Waiver and Release. I, the volunteer, release and forever discharge and hold harmless Care for Real and its successors and assigns 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 my volunteer work at Care for Real. I, the volunteer understand and acknowledge that this Release discharges Care for Real from any liability or claim that volunteer and minor may have against Care for Real with respect to bodily injury, personal injury, illness, death, or property damage that may result from participation in the Care for Real work. It is also understood that Care for Real does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

2. Insurance. I, the volunteer, understand that I expressly waive any such claim for compensation or liability on the part of Care for Real beyond what may be offered freely by the representative of Care for Real in the event of such injury or medical expense.

3. Medical Treatment. I, the volunteer, hereby release and forever discharge Care for Real 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 the minor's time with Care for Real. If I am unable to consent at the time due to injury or illness, I hereby consent to the administration of first aid and other emergency medical treatment for such injury or illness that occurs during any of my participation in the Activities and release and forever discharge the Released Parties from any claim whatsoever which may arise on account of any such first-aid treatment or other medical services.

4. Assumption of Risk. I, the volunteer, understand that the time with Care for Real may include activities that may be hazardous to me including, but not limited to, loading and unloading of food and clothing and materials. Also I, the volunteer recognize and understand that the time with Care for Real may, in some situations, involve inherently dangerous activities. As the volunteer, I hereby expressly assume the risk of injury or harm in these activities and release Care for Real from all liability for injury, illness, death or property damage resulting from the activities of the minor's time at Care for Real.

5. Photographic Release. As the volunteer, I grant and convey unto Care for Real all right, title, and interest in any and all photographic images and video or audio recordings made by Care for Real during the work with Care for Real.

6. Other. As the volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Illinois in the United States of America, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Illinois. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release, which shall continue to be enforceable.