



MORaine TOWNSHIP APPLICATION FOR VOLUNTEER SERVICE



Name: _____ Date: _____

Email: _____ Phone: _____

Address: _____

Are you under 18? Yes No Can you lift 20 lbs.? Yes No

Have you ever been convicted of a criminal misdemeanor or felony? Yes No

What volunteer areas interest you? Check all that apply: Office Food Pantry Garden ACA VITA(Income Tax Prep)

Physical Limitations:

Languages Spoken:

Availability: Weekdays: Morning _____ Afternoon _____

Occasional Need: Evening _____ Weekends _____

Profession/Work Experience/ Skillset background:

Volunteer Experience, local or otherwise (Use another sheet if necessary):

Education:

Other information about you or your special interests or skills that you would like us to know:

EMERGENCY CONTACT INFORMATION

Emergency Contact Name:

Relationship:

Emergency Contact Phone Number:

Emergency Contact Name:

Relationship:

Emergency Contact Phone Number:



Please complete other side



WAIVER AND RELEASE OF LIABILITY

I, _____ do hereby release and forever discharge Moraine Township, its agents, servants, employees, successors and assigns, and their respective heirs, personal representatives, affiliates, successors and assigns, and any and all persons, firms or corporations liable or who might be claimed to be liable, whether or not named, none of whom admit any liability to the undersigned, but all expressly denying liability, from any and all actions, causes of actions, lawsuits, claims and demands which I may hereafter have, arising out of or in any way relating to any and all injuries and damages of any and every kind, to both person and property, and also any and all injuries and damages that may develop in the future as a result of or in any way relating to my volunteer effort in the Moraine Township Food Pantry or other Township Program.

I acknowledge that I am volunteering to donate my services and I waive any claim for any injury that I may suffer because of my participation.

This Release shall be binding upon the undersigned, and his/her respective heirs, executors, administrators, personal representatives, successors, and assigns. This Release shall be subject to, and governed by, the laws of the State of Illinois.

I have fully and considered all the terms and statements contained in this release before affixing my signature.

Date: _____

Releaser's Printed Name: _____

Releaser's Signature: _____

CONFIDENTIALITY

- The individuals you will be working with deserve the respect and dignity of making them feel welcome and having their personal affairs kept confidential, just as you would want yours to be.
- There may be times when you see a client and you are uncomfortable and prefer, they do not see you. Please walk away and let your co-worker know you will be right back.
- As you spend time volunteering, a bond of trust develops, and many personal feelings and experiences may be discussed. You do have a responsibility to alert and discuss with your volunteer leader, any situation that endangers the health, safety, or welfare of an individual.
- Please remember you should not disclose any information to those not directly involved with the person such as your family, friends, co-workers, or others.

I have reviewed this policy, understand it and agree to perform my volunteer responsibilities in compliance. I understand that I may be asked to resign my services if I do not observe the terms of this confidentiality agreement.

Signature _____ Date _____

Email to: Volunteer@morainetownship.org

OR Mail to: Volunteer Coordinator Moraine Township 800 Central Avenue- Highland Park, IL 60035 Information: 847-432-3240 <http://www.morainetownship.org>