

CONTACT

FULL NAME: _____ DATE OF BIRTH: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ CELL PHONE: _____
EMAIL: _____

EDUCATION

ARE YOU A STUDENT? STUDENT LEVEL: NAME OF SCHOOL: _____
WILL YOU RECEIVE ACADEMIC CREDIT?

REFERENCES

REFERRED BY: _____
REFERENCE #1* _____ REFERENCE #2 _____ REFERENCE #3 _____
(NON-RELATED) NAME / PHONE (NON-RELATED) NAME / PHONE (NON-RELATED) NAME / PHONE

EMERGENCY CONTACT

FULL NAME: _____ RELATIONSHIP: _____
PHONE: _____ ALTERNATE PHONE: _____

OCCUPATION

CURRENT EMPLOYER: _____ HOW LONG HAVE YOU WORKED WITH CURRENT EMPLOYER? _____
CURRENT POSITION: _____ SUPERVISOR NAME: _____

SKILLS/INTERESTS

SELECT ALL THAT APPLY

- ADMINISTRATIVE WORK CHILDREN & FAMILY EVENTS FUNDRAISING EVENTS TUTORING OTHER
SERVING ON FINANCE COMMITTEE SERVING ON FUNDRAISING COMMITTEE SERVING ON PROGRAMS COMMITTEE

AVAILABILITY

MON WED FRI SUN
TUES THUR SAT

OTHER

WHY DO YOU WISH TO VOLUNTEER? _____

ARE THERE ANY FACTORS, MENTAL OR PHYSICAL, THAT WOULD PREVENT YOU FROM PERFORMING CERTAIN TYPES OF WORK?

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY?

IF YES, PLEASE EXPLAIN: _____

HOW DID YOU HEAR ABOUT THE AUSTIN HATCHER FOUNDATION?

IF OTHER, HOW? _____

I certify that the information in this Volunteer Application is true, correct and complete to the best of my knowledge. I authorize the Austin Hatcher Foundation to verify any and all information I provided by contacting appropriate sources. I understand that for the protection of visitors, volunteers and staff, all adults (age 18 and up) must voluntarily authorize a background check and I hereby authorize such background check.

APPLICANT SIGNATURE

DATE:

PARENT/GUARDIAN SIGNATURE

DATE:

IF APPLICANT IS 18 YEARS OF AGE OR YOUNGER

I hereby grant the Austin Hatcher Foundation for Pediatric Cancer the right and permission to copyright, publish, use and reuse my likeness, voice, name, drawings, digital images and photographs of myself and the individuals listed below for websites, displays, advertising, promotion, trade exhibition, distribution or any other lawful purpose whatsoever.

I agree that the above mentioned may make use of all or any parts of the likeness, voice, name, drawings, digital images and photographs and may alter or modify them regardless of whether the individuals are recognizable.

I hereby waive any right to inspect or approve the finished product. I release the above mentioned from any and all liability arising out of the company's use of the images, voice, information, name and any subject's likeness therein.

I agree not to make any claim against the above mentioned as a result of the use of the foregoing including, without limitation, any claim that such use invades any right of privacy and/or publicity, defamation, libel, and any other person or property right.

APPLICANT SIGNATURE

DATE:

PARENT/GUARDIAN SIGNATURE
IF APPLICANT IS 18 YEARS OF AGE OR YOUNGER

DATE:

It is understood and agreed to that the Austin Hatcher Foundation for Pediatric Cancer would like to exchange certain information that may be considered confidential. To ensure the protection of such information and in consideration of the agreement to exchange said information, the parties agree as follows:

The confidential information given to under this Agreement («Confidential Information») can be described as and includes, but is not limited to; technical and business information relating to the Austin Hatcher Foundation for Pediatric Cancer’s proprietary ideas, patentable ideas, copyrights, and/or trade secrets, existing and/or contemplated products and services, software, schematics, research and development, production, costs, profit or margin information, finances, and financial projection, customers, clients, patient information, marketing, and current or future business plans and models, regardless of whether such information is designated as «Confidential Information» at the time of its disclosure, and all other information in the possession of the Austin Hatcher Foundation for Pediatric Cancer.

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In consideration of being allowed to volunteer my services for the Austin Hatcher Foundation and receiving the benefits of such volunteer services, I hereby acknowledge that there are certain risks of injury involved, and I knowingly and freely assume all risks and assume all responsibility for my participation. To the extent allowed by law, I agree to indemnify and hold harmless the Austin Hatcher Foundation, its directors, officers, employees, agents, representatives and volunteers, of all liabilities and all loss or damage to person or property which may occur or be incident to my involvement or participation.

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I understand the importance of this volunteer commitment and have answered the application questions honestly and to the best of my knowledge. I give the Austin Hatcher Foundation permission to check the references I have listed.

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