

Volunteer Application
Emergency Contact and Release



Please email your completed volunteer application to: manager@sharonsattic.org, or print and return it a staff member at Sharon's Attic Thrift Store.

Volunteer and Emergency Contact Information

Date: _____

Name: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth (month and day only; year not needed): Month: _____ Day: _____
 Phone: _____ Email: _____

In case of an emergency, contact:

Name: _____ Relationship to Volunteer: _____
 Home Address: _____ City: _____ State: _____ Zip: _____
 Date of Birth (month and day only; year not needed): Month: _____ Day: _____
 Phone: _____ Email: _____

Allergies, medications, or other medical information needed in an emergency:

Availability:

Day	<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday	<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
Morning/	<input type="checkbox"/> 9:30-1:30						
Afternoon	<input type="checkbox"/> 1-5						

Volunteer Interest(s):

<input type="checkbox"/> Cashier	<input type="checkbox"/> Sorting/Pricing	<input type="checkbox"/> Cleaning	<input type="checkbox"/> Donation lifting/loading
<input type="checkbox"/> Specific Departments:	<input type="checkbox"/> Sharon Manor Children's Program*	<input type="checkbox"/> Staffing Special Events	<input type="checkbox"/> Office (phones, databases, mailings)
<input type="checkbox"/> Other: _____			

Basic Policies:

- Volunteers in good standing receiving a 25% discount on purchases at Sharon's Attic. Discounts cannot be combined with other coupons or discounts.
- Check with the store manager if you wish to purchase an item before it gets priced and on the floor.
- Volunteers may deduct transportation expenses to and from their volunteer site on their taxes. Please talk to a tax professional for details.

Release and Waiver of Liability

Please read this legal document in full before signing.

This Release and Waiver of Liability executed on this _____ (day) of _____ (month), _____ (year) by _____ (volunteer) in favor of Housing Solutions of Northern Arizona (HSNA) a nonprofit corporation, and its directors, officers, employees and agents.

The volunteer desires to work as a volunteer for HSNA and engage in the activities related to being a volunteer for Sharon's Attic Thrift Store/HSNA/Sharon Manor Transitional Housing. The volunteer understands that the activities may include physical labor or other circumstances that may result in personal injuries. The volunteer hereby freely, voluntarily, and without duress executes this release under the following terms:

1. Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless HSNA and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that arise or may hereafter arise from volunteer's activities with HSNA.

Volunteer understands that this release discharges HSNA from any liability or claim that the volunteer may have against HNSA with respect to any bodily injury, personal injury, illness, death, or property damage that may result from volunteer's activities with HSNA, whether caused by the negligence of HSNA or its officers, directors, employees or agents or otherwise. Volunteer also understands that HSNA 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 or illness.

2. Medical Treatment. Volunteer does hereby release and forever discharge HSNA from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the volunteer's activities with HSNA.

3. Assumption of the Risk. The volunteer understands that the activities may involve work that may be hazardous to the volunteer, including, but not limited to, working in an office setting or retail setting, lifting heavy objects, cleaning with a variety of products, transportation to and from the work site, and driving the Sharon's Attic truck. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities, and releases HSNA from all liability for injury, illness, death or property damage resulting from the activities.

4. Insurance. A volunteer authorized to use a motor vehicle owned by HSNA is insured under the applicable HSNA motor vehicle liability insurance policy. In all other cases, however, the volunteer understands that HSNA does not carry or maintain health, accident, liability (including, without limitation, motor vehicle liability), property loss or damage (including, without limitation, motor vehicle collision damage), medical or disability insurance coverage for any volunteer or the property of any volunteer. Each volunteer is expected and encouraged to obtain his or her own automobile, medical or health insurance coverage.

5. Photographic Release. Volunteer does hereby grant and convey unto HSNA all right, title and interest in any all photographic images and video or audio records made by HSNA during volunteer's activities with HSNA, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of Arizona, and that this release shall be governed by and interpreted in accordance with the laws of the State of Arizona. Volunteer also agrees 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.

IN WITNESS WHEREOF, volunteer has executed this release as of the day and year first above written.

Volunteer Name: _____ Volunteer Signature: _____ Date: _____

Witness Name: _____ Witness Signature: _____ Date: _____

* Working with Sharon Manor children requires volunteer to complete and pass background check. Additional background check authorization documents will need to be signed by the volunteer.