



Volunteer Application

Volunteer Information

Name			
Address			
City, State, Zip			
Phone			
Email			
Are you over 18?	Yes	No	*Minors must have parental signatures.

Volunteer Activities

Volunteers may be asked to participate in physical activities that include lifting, bending, reaching, and repetitious motions. Please alert staff if you have any physical restrictions or constraints.

☐ No, I do not have any physical restrictions.

☐ Yes, I have physical restrictions.

Please Explain Restrictions: _____

Would you like to be notified of future volunteer opportunities within Garland?

☐ No thank you.

☐ Yes, please. **Please circle your volunteer interests.

Environmental Clean Up	Art Installations	Home Repairs
Child Care	Translation Services	Sewing
Garden, Landscaping	Painting	Other:

Person to Notify in Case of Emergency

Name	
Relationship	
Cell Phone	
Alternate Phone	



Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

In consideration for being permitted to volunteer with Where the Heart Is: Neighbors Helping Neighbors Week, City of Garland, Habitat for Humanity Greater Garland and other Where The Heart Is Partners, I hereby release, indemnify, and hold harmless these organizations, and their officers, servants, agents, or employees from any and all liability, claims, demands, actions, and causes of action (including claims for court costs and attorney's fees) whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me or to any property belonging to me while volunteering for a Where The Heart Is: Neighbors Helping Neighbors Day project or while in, on or upon the premises of a project site.

AUTHORIZATION TO USE IMAGE

I hereby consent to my photograph being taken or image recorded by the City of Garland in connection with the City of Garland neighborhood programs.

Furthermore, I authorize the use, copyright, or publication of my name, image or voice as may be captured by photograph, video or audio recording while attending or participating with the City of Garland programs, in any medium, for any purpose, including illustration, promotion, marketing or advertisement.

Name (printed)	
Adult's Signature	
Minor's Signature:	
Date	

Thank you for completing this application form and for your interest in volunteering with us. You may submit forms by mail, email, fax or in person to:

For Office Use Only – Do Not Write Below This Line

Date Received: _____

Reviewed By: _____