# Hospice of the Foothills Gift & Thrift
## Volunteer Application

☐840 E. Main St., Grass Valley
(530) 265-6500

☐17440 Penn Valley Dr., Penn Valley
(530) 432-7600

*(Please print clearly)*

Name ____________________ Email ____________________

Address ____________________ Phone ____________________

City ____________________ Zip ____________________

Birthday: Month ____________ Day ____________ (for gift certificate)

Days available to volunteer: circle all available days/times

| **Mon** AM / PM | **Tues** AM / PM | **Wed** AM / PM |
|---|---|---|
| **Thru** AM / PM | **Fri** AM / PM | **Sat** AM / PM<br>**Sun** AM / PM |

If currently a volunteer, what areas do you work? (cashier, pricing, electrical, etc.)?

____________________________________________

Please list any physical limitations:

____________________________________________

List any skills or talents:

____________________________________________

What is your reason for volunteering?:

____________________________________________

Emergency contact information (2 required):

____________ Name, ____________ address ____________ phone

____________ Name, ____________ address ____________ phone

____________________ Volunteer Applicant Signature ____________ Today's Date

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**For Office Use Only:**

Date Application Turned In ____________ Date Start Volunteering ____________

Notes ____________________________________________

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**Volunteer Liability Agreement:**

1. I,________________________ agree to volunteer at Hospice of the
Print Volunteer Name

Foothills (hereafter referred to as HOF) as a volunteer in the following areas (check all that apply):

a. Hospice Gift and Thrift Store(s) ☐
b. Hospice of the Foothills Administration ☐
c. Hospice of the Foothills Patient Care ☐

As a volunteer, I understand that I control the dates and times when I do the work and that HOF is not responsible for scheduling my volunteer work. I also understand that I will not be compensated for any time spent volunteering, nor am I entitled to benefits, including employment insurance benefits upon the termination of this agreement or as a result of this service.

2. I am aware that participation as a volunteer may require periods of standing, lifting and carrying up to 25 pounds, and will require the exercise of reasonable care to avoid injury. I am voluntarily participating in this activity with knowledge of the hazards and potential dangers involved, and agree to accept any and all risks of personal injury and property damage.

3. I UNDERSTAND THAT IF I AM INJURED IN THE COURSE OF MY VOLUNTEER SERVICE, I AM NOT COVERED BY HOF'S WORKERS' COMPENSATION PROGRAM. I authorize HOF to seek emergency medical treatment on my behalf in case of injury accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for medical costs incurred by such accident, illness or injury.

4. I understand that the materials provided by HOF are and remain the property of HOF, and I agree to return any remaining unused materials to HOF at the end of my volunteer service.

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5. I HAVE CAREFULLY READ THIS AGGREEMENT AND FULLY UNDERSTAND ITS CONTENTS.  IAM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND SIGN IT OF MY OWN FREE WILL.

Date ______________________ Volunteer Signature ______________________

Volunteer Printed Name ______________________

Date ______________________ HOF Representative Signature ______________________

HOF Representative Printed Name ______________________