



One-Time Volunteer Application

H.O.P.E.

First Name _____ Last Name _____ Birth Date _____

Phone Number _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Project Name/Location _____ Project Date _____

Name of Person to Contact in Case of Emergency _____ Phone Number _____

Relationship _____

- Yes, I would like additional information on volunteer opportunities at H.O.P.E. for Sunny Skies.

Certain volunteer positions require a Criminal History check. Conviction will not necessarily disqualify you from participating. Have you ever been convicted of a felony? Yes No If yes, explain:

Please read the following agreement and sign below:

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of H.O.P.E. for Sunny Skies, a non-profit charitable organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge H.O.P.E. for Sunny Skies, its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold H.O.P.E. for Sunny Skies, its officers and director, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

I agree to comply with H.O.P.E. for Sunny Skies policies that every person served by H.O.P.E. for Sunny Skies has the right to privacy in all matters concerning their treatment. Any and all information concerning or identifying a client or former client is confidential and is not to be disclosed without proper authorization. Photographing clients is prohibited unless prior arrangements are made with the Volunteer Manager and the program.

Volunteer Signature _____ Date _____

Parent/Guardian Signature (required if less than 18 years of age) _____ Date _____

Print Parent/Guardian Name _____

Richmond, TX 77407

email: info@hopeforsunnyskies.org

Phone: (832)360-6966

Website: <http://hopeforsunnyskies.org>