

HOPE + FUTURE

Hope & Future, Inc. + OFFICE: 418 21st Street, Union City, NJ 07087 + (917) 275-2917 + www.hope-future.us

Written Application for Volunteer Applicant With Release and Waiver of Liability Form

Release and Waiver of Liability (the "Release"):

FULL LEGAL NAME OF APPLICANT: _____ ("VOLUNTEER APPLICANT")

FIRST NAME: _____

MIDDLE NAME: _____

LAST NAME: _____

SUFFIX (Jr. Sr. etc.): _____

- Note Full Legal Name Includes: Exact Name and Spelling on Birth Certificate, Name Change Order, Adoption Decree, Naturalization or Immigration Documentation.

▪ Any Prior Names: _____

CURRENT PHYSICAL STREET ADDRESS:

▪ Street: _____

▪ City: _____

▪ State: _____

▪ Zip Code: _____

PLACES OF RESIDENCE THE LAST FIVE (5) YEARS:

- _____
- _____
- _____
- _____
- _____

CONTACT INFORMATION:

▪ Email: _____

▪ Cell Phone: (_____) _____

INITIAL: _____

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- The **Volunteer Applicant** releases Hope & Future, Inc. (“Hope + Future”) a nonprofit corporation organized and existing under the laws of the state of New Jersey and each of its directors, officers, employees, and agents.

- The **Volunteer Applicant** desires to provide Volunteer Applicant services for Hope + Future and engage in activities related to serving as a Volunteer Applicant: (Check Box for Positions Interested In)
 - Trainer-Mentor.
 - Mentor-Coach.
 - Academic Tutor.
 - Assistant Facility Manager.
 - Assistant Membership Data Manager.
 - Fitness Instructor.
 - Front Desk Welcome Team.
 - Leadership Trainer.
 - Skill(s) Trainer.
 - Workout Mentor.
 - Other: _____

- The **Volunteer Applicant** understands the scope of **Volunteer Applicant’s** relationship with Hope + Future is limited to a Volunteer Applicant position and that **no compensation is expected in return for services provided** by **Volunteer Applicant**. The **Volunteer Applicant** understands that Hope + Future will not provide any benefits traditionally associated with employment to **Volunteer Applicant**. The **Volunteer Applicant** understands that they are responsible for their own insurance coverage in the event of personal injury or illness as a result of **Volunteer Applicant’s** services to Hope + Future.
 1. **Waiver and Release:** I, the **Volunteer Applicant**, release and forever discharge and hold harmless Hope + Future and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arises from the services I provide to Hope + Future. I understand and acknowledge that this Release discharges Hope + Future from any liability or claim that I may have against Hope + Future with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Hope + Future or occurring while I am providing Volunteer Applicant services.

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2. **Insurance:** Further, I understand that Hope + Future does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health or disability benefits or insurance of any nature in the event of my injury, illness, death or damage to my property. I expressly waive any such claim for compensation or liability on the part of Hope + Future beyond what may be offered freely by Hope + Future in the event of such injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge Hope + Future from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a Volunteer Applicant with Hope + Future.
4. **Assumption of Risk:** I understand that the services I provide to Hope + Future may include activities that may be hazardous to me including, but not limited to: Lifting Weights, Moving Fitness Equipment, Assembling/Moving Furniture, Cleaning Bathrooms, Sweeping/Mopping/Vacuuming Floors, Setting-Up Media Equipment, Laying Rubber Flooring, Picking-Up Rubber Flooring, Assembling/De-Assembling Rogue Fitness Structure, etc. involving inherently dangerous activities. As a Volunteer Applicant, I hereby assume the risk of injury or harm from these activities and Release Hope + Future from all liability for injury, illness, death or property damage resulting from the services I provide as a Volunteer Applicant or occurring while I am providing Volunteer Applicant services.
5. **Photographic Release:** I grant and convey to Hope + Future all right, title, and interests in any and all photographs, images, video, or audio recordings of me or my likeness or voice made by Hope + Future in connection with my providing Volunteer Applicant services to Hope + Future.
6. **Other:** As a Volunteer Applicant, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New Jersey and that this Release shall be governed by and interpreted in accordance with the laws of the State of New Jersey. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.

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7. **Confidentiality Policy:** Confidentiality Policy for Employees, Volunteer Applicants and Board Members. Respecting the privacy of our members, clients, donors, staff, Volunteer Applicants and of Hope + Future itself is a basic value of Hope + Future. Personal and financial information is confidential and should not be disclosed or discussed with anyone without written permission or authorization from the Gian Paul Gonzalez, Executive Director of Hope + Future. Care shall also be taken to ensure that unauthorized individuals do not overhear any discussion of confidential information and that documents containing confidential information are not left in the open or inadvertently shared. Employees, Volunteer Applicants and board members of Hope + Future may be exposed to information which is confidential and/or privileged and proprietary in nature. It is the policy of Hope + Future that such information must be kept confidential both during and after employment or Volunteer Applicant service. Staff and Volunteer Applicants, including board members, are expected to return materials containing privileged or confidential information at the time of separation from employment or expiration of service. Unauthorized disclosure of confidential or privileged information is a serious violation of this policy and will subject the person(s) who made the unauthorized disclosure to appropriate discipline, including removal/dismissal.

ACKNOWLEDGEMENT OF CONFIDENTIALITY OF MEMBER INFORMATION

I agree to treat as confidential all information about Members or former Members and their families that I learn during the performance of my duties as **Volunteer Applicant**, and I understand that it would be a violation of policy to disclose such information to anyone without checking first with my supervisor.

Volunteer Applicant Signature

Date

Volunteer Applicant (Print Name)

Parent or Guardian of Volunteer Applicant [If under age 18]

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Written Application for Volunteer Applicant WORK & VOLUNTEER HISTORY Last Five (5) Years:

WORK or VOLUNTEER ORGANIZATION #1:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

WORK or VOLUNTEER ORGANIZATION #2:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

WORK or VOLUNTEER ORGANIZATION #3:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

INITIAL: _____

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WORK or VOLUNTEER ORGANIZATION #4:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

WORK or VOLUNTEER ORGANIZATION #5:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

WORK or VOLUNTEER ORGANIZATION #6:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

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WORK or VOLUNTEER ORGANIZATION #7:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

WORK or VOLUNTEER ORGANIZATION #8:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

WORK or VOLUNTEER ORGANIZATION #9:

- Organization Name: _____
- Organization Address: _____
- Organization Website (if applicable): _____
- Nature of Position: _____
- Duration (How Long Were You With the Org): _____
- Reason for Leaving: _____

INITIAL: _____

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By signing below, I express my understanding and intent to enter into this Release and Waiver of Liability willingly and voluntarily. This signature provides that the Volunteer Applicant releases, waives and indemnities contained in this Release expressly shall apply regardless of whether the Claims to be released, waived or indemnified against arise, or are alleged to rise, from Negligence (Whether Sole, Joint, or Concurrent), Gross Negligence, Negligence per se, and/or Strict Liability. Any disputes over this document will be handled in Arbitration.

Volunteer Applicant Signature

Date

Volunteer Applicant (Print Name)

Parent or Guardian of Volunteer Applicant [If under age 18]

Instructions to Submit Volunteer Applicant Application, Release & Waiver:

- Stop by the H+F Center to hand in the Application in person:
 - Download the H+F APP for Class Times.
 - Mail to Office Address: 418 21st Street, Union City, NJ 07087.
 - Or drop it off at H+F Center: 1613 Summit Ave, Union City, NJ 07087.
- Email the Completed Document as an attachment to: HopeFutureOffice@gmail.com