

Date: _____



VOLUNTEER APPLICATION AND AGREEMENT

Name: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Job Title: _____

Are you a student? Yes No

If yes, what school do you attend? _____

What grade level? _____ Major? _____

If you are a college student, are you interested in learning about the EHFF Internship? Yes No

How did you hear about Erin's Hope for Friends? _____

Describe your experience working with children/teens on the Autism Spectrum. _____

Please list any hobbies, special talents or training you wish to utilize here. (i.e. music, athletics, event planning, administrative skills, ABA training.)

What days and times are you available to volunteer? _____

In what areas are you most interested volunteering? _____

If you are interested in volunteering at e's club, which location do you prefer? Acworth Alpharetta

Previous Volunteer Experience: (If necessary, attach sheet with description of additional experience)

Date(s):	Agency/Organization:	Activity:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever been convicted or charged with a felony? No Yes

If yes, please explain.

Please list two professional references (not family) that we may contact.

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

In case of emergency, please contact:

Name: _____ Phone: _____ Relationship: _____

Certification and Agreement

Information True and Correct. The undersigned individual (the "Applicant") certifies that all the information he/she has provided in this Application and Agreement (this "Agreement") is true and correct.

No Felony Offense or Restraining Order. The Applicant further certifies that he/she has never been charged with a felony offense and that he/she is not subject to any judicial order that prevents or prohibits the Applicant from working with children.

Waiver and Release. The Applicant acknowledges and agrees that Erin's Hope for Friends, Inc. (the "Foundation") is not responsible for any death, injuries or damage to Applicant or Applicant's property that may result from Applicant's involvement in activities relating to this Agreement. Applicant waives, releases and covenants not to sue the Foundation, its directors, agents, employees, attorneys, agents and other volunteers (collectively, the "Foundation Releasees") from any claims, demands or causes of actions that may arise from such activities.

Compliance. Applicant agrees to comply with and follow all rules and requirements that Foundation may provide from time to time with respect to volunteer activities. Applicant agrees to indemnify and defend Foundation against any third party claims and any losses or damages resulting from Applicant's breach of this Agreement.

Permission to Publish Likeness. Applicant grants the Foundation permission to use any photographs, video, name, likeness or quotations of Applicant obtaining during any such activities to promote the interests of the Foundation.

Confidentiality / Miscellaneous. Applicant agrees to keep confidential and not use for any purpose (other than those authorized by the Foundation) any confidential information of the Foundation obtained by Applicant at any time, including any personal, health or family information regarding any clients or beneficiaries of the Foundation. Applicant acknowledges and agrees that the Foundation will report to appropriate authorities any suspected instance of child abuse or neglect. Applicant agrees promptly to notify the Foundation if Applicant reasonably suspects any instance of child abuse or neglect. Applicant acknowledges and agrees that if Applicant is selected by the Foundation for a non-remunerative volunteer assignment, such selection is subject to termination by the Foundation at any time.

Signature: _____ Date: _____

Print Name: _____

Thank you for your interest in Erin's Hope for Friends

Erin's Hope for Friends
11940 Alpharetta Highway, Suite #110, Alpharetta, GA 30009