

# Baskets for Babies Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

During which hours are you available for volunteer assignments?

- Weekday mornings
- Weekday afternoons
- Weekday evenings

Language/s spoken ? \_\_\_\_\_

Physical limitations? \_\_\_\_\_

## Interests

Tell us in which areas you are interested in volunteering

- Administration
- Events
- Field work
- Fundraising
- Deliveries
-

Are you eligible to work in the United States? Yes \_\_\_ No\_\_\_

**If you are under age 18**, do you have an employment/age certificate? Yes \_\_\_ No \_\_\_

Have you been convicted of or pleaded no contest to a felony within the last five years? Yes\_\_\_ No\_\_

If yes, please explain: \_\_\_\_\_

Do you currently have an open case with the courts?\_\_\_\_\_ Is it CPS/Child related?\_\_\_\_\_

If yes, please explain:\_\_\_\_\_

### Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

### Previous Volunteer Experience

Summarize your previous volunteer experience.

### 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.

Name (printed)	
Signature	
Date	

### Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

Please email completed forms: [contactus@basketsforbabies.org](mailto:contactus@basketsforbabies.org)

**Baskets for Babies**  
P.O. Box 14594  
Spokane Valley, WA 99214  
(509) 214-2634

**VOLUNTEER WAIVER, RELEASE, HOLD HARMLESS AND INDEMNIFICATION AGREEMENT**

I have agreed to serve as a volunteer for Baskets for Babies, and I recognize that my volunteer participation is a privilege afforded to me by Baskets for Babies. I fully understand, appreciate and assume all of the risks associated with my volunteer duties. In exchange for my participation, I hereby agree to the following:

1. I voluntarily waive, release and hold harmless Baskets for Babies, its elected and appointed officials, officers, employees, agents and other volunteers from any and all claims, causes of action and damages for bodily injury or death that I may suffer as a result of, or in any manner connected with, directly or indirectly, my participation as a Baskets for Babies volunteer when such bodily injury or death is the result of my own negligent or intentional acts or omissions or those of another volunteer. I understand that this waiver and release precludes my right to recovery of damages in the event I am injured in the course of performing my volunteer duties.

a. I also agree to carry my own auto insurance and cannot hold Baskets for Babies liable for any and all injuries or damage caused by accidents that I may be a party to, while conducting volunteer activities for Baskets for Babies.

2. I shall defend, hold harmless and indemnify Baskets for Babies, its elected and appointed officials, officers, employees, agents and other volunteers, from and against all damages, claims, liabilities, causes of action, judgments, settlements, costs and expenses (including, but not limited to, reasonable expert witness and attorney fees) that may at any time arise or be claimed by any person as a result of bodily injury, death or property damage, or as a result of any other claim or cause of action of any nature whatsoever, arising from or in any manner connected with, directly or indirectly, my negligent or intentional acts or omissions in performing my volunteer duties for Baskets for Babies.

I have read, fully understand and agree to the assumption of risk, waiver, release, hold harmless and indemnification terms set forth above.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer Signature Printed Name

\_\_\_\_\_  
Date of Birth Emergency Telephone Number Volunteer

NOTE: If the volunteer is under 18 years of age, a parent or legal guardian must sign this agreement on behalf of the volunteer.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Legal Guardian Printed Name