

## Volunteer Application Form

Date					
Name					
Address					
Email					
Phone Number					
<b>Availability</b>		Morning	Afternoon	Evening	Other
<i>Select one:</i>  Intermittent    Regular	Sunday				
	Monday				
	Tuesday				
	Wednesday				
	Thursday				
	Friday				
	Saturday				
	Special Events				
<b>Position Desired</b>	Special Pick-Ups	Customer Svc	Shift Prep	Special Events	Other
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
<b>Relevant Experience/Notes</b>					
<b>Emergency Contact Information</b>					
Name					
Phone Number					
Relationship					

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Please return to [auntdotsplace@gmail.com](mailto:auntdotsplace@gmail.com) or P.O. Box 8216, Essex Junction, VT 05451

AUNT DOT'S PLACE

Confidentiality Statement

I agree to hold in my confidence all information I become privy to regarding clients of Aunt Dot's Place. I will not remove from the office of Aunt Dot's Place any electronic or written records, or copies thereof, without express permission of the Aunt Dot's Place client. I accept full responsibility for maintaining the confidential nature of all records, client contacts and information marked confidential.

I understand that I am personally responsible and fully liable for any violation of this agreement.

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Volunteer– Printed Name                      Date                      Volunteer Signature

Waiver and Release of Liability

The undersigned volunteer has agreed to participate as a volunteer for Aunt Dot's Place.

As a volunteer, I understand that some of the activities performed by volunteers of Aunt Dot's Place involve a risk of injury, illness or death, including the inherent risks associated with any warehouse activities and retail activities.

I hereby confirm that I have evaluated my own physical condition and considered the risks associated with being a volunteer at Aunt Dot's Place. On behalf of myself and my heirs and assigns, I hereby expressly relinquish, and forever discharge Aunt Dot's Place and its respective directors, officers, agents and representatives ("Released Parties"), of and from any and all claims, actions, demands, expenses and liabilities which the undersigned may have or bring against the released parties arising out of my participation as a volunteer for Aunt Dot's Place and any and all related activities.

I hereby affirm that I have read this document/waiver and I fully understand the preceding paragraphs and volunteer to participate at my own risk, I am aware that this is a release of liability and I sign it of my own free will.

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Volunteer Name – Printed                      Date                      Volunteer Signature

Photo Release

As a volunteer, I hereby authorize Aunt Dot's Place to take photographs of me, the volunteer, and to use or publish such photos (either still or video) as they see fit and I waive any rights and any claims I might have regarding the taking or publishing of any such photos, including on social media.

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Volunteer Name – Printed                      Date                      Volunteer Signature