



Volunteer Application and Release of Liability

PERSONAL INFORMATION-Please Print Clearly			
Name:		State Driver's License Number:	
<input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth:	
Address:		City:	
Home Phone:		Cell: Texting Y or N	
Employer Name:		Occupation:	
Address:		Bilingual? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Physical Limitations (if any):		Languages Spoken:	
Emergency Contact:			
Name:		Relationship:	
VOLUNTEERING INFORMATION—Please Print			
Have you ever been charged with or convicted of a felony: _____ Yes _____ No			
Please list two references that are not related to you.			
1. Name _____ Relationship _____ Phone _____			
Address _____ Email _____			
2. Name _____ Relationship _____ Phone _____			
Address _____ Email _____			
I, _____ give Opportunity House, permission to contact the above references and complete a background check. The answers I have given are true to the best of my knowledge.			

Volunteer Release of Liability and Confidentiality Agreement

I release and hold harmless OPPORTUNITY HOUSE, its members, affiliates, volunteers, employees and executives of all liability with regard to any physical or emotional harm that I may sustain during the time I volunteer at OPPORTUNITY HOUSE, or as a result of my participation in any project as a volunteer, or in any other activity sanctioned by OPPORTUNITY HOUSE.

Additionally, I agree to the following:

- My role is as a volunteer, and, as such, I will receive no financial reimbursement for services rendered.
- I will bring to the attention of OPPORTUNITY HOUSE staff any information or questions that arise of a legal nature.
- I recognize that all information shared with me as part of my duties as a volunteer is confidential and shall not be divulged to unauthorized individuals, agencies, or organizations. **When in doubt about the confidentiality of a topic, I will not discuss it. This confidentiality shall be maintained even after my service with OPORTUNITY HOUSE ends.** _____ (Initials)
- I will not copy, transcribe, record, or memorize confidential information in any manner, nor disclose or use such information for any purpose other than for the limited purpose of providing the assigned services at OPPORTUNITY HOUSE.

I hereby authorize Opportunity House to conduct or have conducted a complete background check on me, including but not limited to my financial dealings and criminal history and I will complete all paperwork necessary to initiate such a background check. Opportunity House will furnish me the results of all such background checks.

This AGREEMENT shall be governed by and construed in accordance with the laws of the State of Texas.

I have had the opportunity to read and understand the release and acknowledge that by signing the document, I am waiving certain legal rights in the event of injury. BY SIGNING BELOW, I accept and agree to the terms contained above.

I agree to comply with all provisions in this document during my tenure with Opportunity House, and I agree to comply with all the provisions in this document should I complete my Community Service volunteer activities with Opportunity House.

Signed _____ Date _____

Printed Name _____