

Gateway Center Volunteer Application

Last Name _____ First Name _____

Address: _____

City: _____ State _____ Zip _____

E-Mail _____

Phone _____ Cell _____

Parent/Guardian Name (if applicable) _____

Parent/Guardian Number (if applicable) _____

Special Skills, ie. Languages, related experience _____

Best days for you to volunteer _____

Volunteer positions available are: gardening, newsletter assembly, bulk mail preparation, and helping/assisting at upcoming fundraising events.

All volunteers participate solely at their own discretion. Gateway Center of Monterey County, Inc. ("Gateway Center") is not liable for any injury or medical condition sustained as a result of participating as a volunteer in any of the aforementioned positions. Volunteers are not employees or independent contractors of Gateway Center, and receive no reward or other tangible benefit from Gateway Center in consideration for volunteering their time and effort. Volunteers serve on an at-will basis, meaning that you may stop volunteering, or Gateway Center may require you to stop volunteering, at any time.

Gateway Center appreciates your interest and willingness to donate your time and effort to help us help developmentally disabled adults.

Volunteer applicants under the age of 18 must complete the attached Request for Volunteer/Unpaid Trainee Authorization for California Minors and return it to Gateway Center.

If you have any questions or concerns please feel free to contact Wendy DiGiacomo at 831-372-8002 Ext. 213.

Gateway Center Volunteer Agreement

- 1. Volunteer Status.** I acknowledge and agree that I if I am selected to serve as a volunteer at Gateway Center of Monterey County, Inc. ("Gateway Center"), I will be solely a volunteer and will not be an employee of Gateway Center, and therefore, that there is no employment relationship between me and Gateway Center. I acknowledge that I intend to donate my services to Gateway Center and that I will not be paid for my service, but am volunteering for humanitarian objectives. I further understand and agree that I will not receive any of the benefits Gateway Center provides to its employees, including, but not limited to, disability or unemployment insurance, medical insurance, sick leave, or any other employment benefit. I further understand and agree that either I or Gateway Center may end the volunteer relationship at any time without reason or advance notice.
- 2. Release and Waiver.** I understand as a volunteer I am not employed by Gateway Center, and that I will not be covered by workers' compensation insurance. I further agree to defend, indemnify, and hold harmless Gateway Center and its officers, directors, employees, volunteers, and agents, from and against any and all claims, actions, losses, demands, costs, damages, liability, and expenses relating to or incidental to, or arising directly or indirectly from my service as a volunteer, or that are connected in any way to such services.

This Release and Waiver discharges in advance Gateway Center, its directors, officers, agents, volunteers, and employees from liability even though that liability may rise out of negligence or carelessness on the part of the persons or entities mentioned above. Some volunteer activities may involve an element of risk or danger of accident, and knowing those risks, I hereby assume those risks. This waiver, release, and assumption of risk are binding on my heirs and assigns.

- 3. Indemnification.** I hereby agree to defend, indemnify, and hold harmless Gateway Center, its directors, officers, agents, volunteers, and employees, to the maximum extent permitted by law, from all liabilities, claims, losses, demands, settlements, judgments, causes of action, and expenses (including attorney's fees and costs), of any kind or nature, arising out of or in connection with my presence at Gateway Center.
- 4. Emergency Medical Treatment.** In case of serious injury, I give permission for Gateway Center to seek any emergency medical treatment for me should it become necessary.
- 5. Agreement.** I will abide by all policies, protocols, procedures, and other requirements set forth by Gateway Center. I understand that I may be subject to specific training requirements as deemed necessary by Gateway Center.
- 6. Severability.** I agree that this Release of Liability and Indemnification Agreement is intended to be as broad and inclusive as permitted by the law of the State of California, and that if any portion thereof is held invalid or unenforceable, it is agreed that the remainder of this Agreement shall continue in full force and effect.

I acknowledge that I have read, understand, and voluntarily enter into this Agreement, and hereby agree to its terms.

Volunteer Name: _____

Volunteer Signature: _____

Date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Telephone Number in Case of Need for Medical Care: _____