

MARIN VILLAGES VOLUNTEER APPLICATION FORM

Name			
Address	City		Zip
Email			
Phone Cell		 	
LOCAL VILLAGE AFFILIATION (CHECK ONE):			
HOMESTEADMILL VALLEYNOVATOROSS VALLEY	SAN RAFAEL	TIBURON PENINSULA	TWIN CITIES
Please tell us what you might like to do in your	volunteer cap	pacity. Check all tha	at apply:
☐ Computer/Technical Assistance (computer/t	ablet/phone/pr	inter/other)	
☐ Driver/Transport Member			
\square Gardening			
☐ Home Maintenance (handyman/simple repa	ir, home organi	zer/light chores, chai	nge batteries/light bulbs
☐ Home office help/organizing (filing, sorting,	reviewing mail/	records)	
☐ Personal Assistance (companionship/check-ingroceries, walking/exerc		• •	errands/pick up rx,
☐ Pet care (walk/feed/help with meds)			
☐ Special Requests Other:			
☐ Local Village Support (Steering committee/lea	adership)		
☐ Marin Villages Support (administrative suppo	ort, projects/eve	nts)	
Special training or skills I can share:			
In case of emergency, please notify: Name P	Phone		
Relationship			

MARIN VILLAGES VOLUNTEER AND CONFIDENTIALITY AGREEMENT

By submitting this application, I affirm that the facts set forth in it are true and complete. As a Marin Villages volunteer, I agree to the following:

- 1. I agree to conform to all Marin Villages' policies, rules and procedures.
- 2. I understand that if I am accepted as volunteer, any false statements, omissions or other misrepresentations made by me on this application may result in immediate termination of my service as a volunteer.
- 3. I will offer my time without monetary compensation.

Signature

- 4. I authorize Marin Villages' to contact my references and perform a background check, including my driving record and any criminal records. I understand that all such information collected in my background check will be kept confidential. Any references contacted have my permission to provide their candid evaluation of my suitability for the described volunteer work.
- 5. As consideration for volunteering for Marin Villages, I agree to indemnify Marin Villages against and hold it harmless from all loss and expense arising out of any act, neglect or fault on my part in the course of volunteering. I further agree that I, my assignees, heirs and legal representatives will not make any claim against or sue Marin Villages, its officers, directors, employees, agents or contractors for injury or damage resulting from my act, neglect or fault as a volunteer. I HEREBY RELEASE AND DISCHARGE MARIN VILLAGES AND ITS OFFICERS, DIRECTORS, EMPLOYEES, AGENTS AND CONTRACTORS FROM ALL ACTIONS, CLAIMS OR DEMANDS THAT I, MY ASSIGNEES, HEIRS AND LEGAL REPRESENTATIVES NOW HAVE, OR MAY HAVE IN THE FUTURE, FOR INJURY OR DAMAGE RESULTING FROM MY VOLUNTEERING. I FURTHER UNDERSTAND THAT, IF I AM INJURED IN THE COURSE OF MY VOLUNTEER WORK FOR MARIN VILLAGE, I AM NOT COVERED BY ANY WORKERS' COMPENSATION PROGRAM AVAILABLE TO MARIN VILLAGES EMPLOYEES.
- 6. As a Marin Villages volunteer I understand that it is imperative to protect the confidentiality of all information pertaining to any Marin Villages member, nonmember or other volunteer or client associated with Marin Villages, and that any unauthorized possession, use, copying, reading or disclosure of applicable records, ledgers or files is prohibited and grounds for immediate termination of my service as a volunteer.
- 7. I hereby authorize Marin Villages to use any photographs taken of me while I am engaged in Marin Villages activities on its website and in publications and to release such photographs for publication in newspapers, magazines, and other printed materials without notice or compensation to me, my heirs or assigns. I further understand that my consent to such release extends to the use of such photographs by any local village affiliated with Marin Villages.

Print Name	Date
set forth above. You also understand that Marin Villag	pt the terms of this Volunteer and Confidentiality Agreement es is not obligated to use your services and that if you are accept it. The information you have submitted will not be
Parental Consent (to be completed if applicant is unde	er 18 years of age)
, , ,	this application, to provide volunteer services to Marin n any emergency medical treatment necessary for the safety

Signature of Parent/Guardian Date Printed name of Parent/Guardian PLEASE MAIL COMPLETED APPLICATION TO: Marin Villages, 4340 Redwood Hwy, Ste F-142, San Rafael, CA 94903

of my child.