

# Volunteer Application



1100 Estates Drive  
Building A  
Woodway, TX 76712

## Personal Information

Full Name:  Date of Birth:

Address:

Email:  Phone:

## Reason for Volunteering

- ☐ School Service Hours
- ☐ Court Appointed Hours
- ☐ Give Back to Community

## Emergency Contact Information

Full Name:  Relation to Applicant:

Phone:

## Educational Background

Degree	Institution	Year of Completion
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Professional Background

Company Name	Job Title	Responsibilities	Work Duration
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

## References:

Please provide three references that are outside of your family.

Name	Phone Number	Relation

## What days and times are you available to volunteer each week?

## Which areas or activities are you most interested in volunteering for?

## Woodway Family Center Volunteer Disclaimer

**Purpose:** This disclaimer form is intended to inform all volunteers of the risks, responsibilities, and expectations associated with volunteering at the Woodway Family Center. By signing this form, you acknowledge your understanding of the potential risks involved and your commitment to adhere to the guidelines set forth by the Woodway Family Center.

### 1. Acknowledgement of Volunteering Risks:

I understand that volunteering at the Woodway Family Center may involve some level of physical activity, direct interaction with participants, and the possibility of exposure to accidents or injuries. These may include, but are not limited to, bodily injury, property damage, or other unforeseen incidents during my volunteer duties. I agree to assume full responsibility for my actions and to take appropriate precautions while volunteering.

### 2. Release of Liability:

In consideration for being allowed to volunteer at the Woodway Family Center, I hereby release, discharge, and hold harmless the City of Woodway, the Woodway Family Center, their staff and agents, from any and all claims, liabilities, and costs (including legal fees) arising out of or in connection with my volunteer activities, including injury, property damage, or loss, even if caused by the negligence or fault of the Woodway Family Center or its staff.

### **3. Health and Safety:**

I affirm that I am in good health and capable of performing the volunteer duties as outlined by the Woodway Family Center. If at any time during my volunteer service I feel unwell, unsafe, or unable to perform my duties, I will notify the appropriate personnel immediately and refrain from participating in activities until I am able to do so safely.

### **4. Confidentiality:**

During my volunteer service, I may have access to confidential or sensitive information regarding participants, activities, or the operations of the Woodway Family Center. I agree to maintain the confidentiality of all such information and to not disclose or share it with unauthorized individuals or parties.

### **5. Code of Conduct:**

I agree to adhere to the Woodway Family Center code of conduct and policies, including but not limited to respecting the rights and dignity of all participants, behaving in a professional manner, and following the instructions of staff and supervisors. I understand that any inappropriate behavior or failure to comply with the established policies may result in termination of my volunteer position.

### **6. Consent to Use of Likeness:**

I grant the Woodway Family Center permission to use photographs, video, and other media taken during volunteer activities for promotional or educational purposes, unless I specify in writing my objection to such use.

### **7. Voluntary Participation:**

I understand that my participation as a volunteer is entirely voluntary and that I can choose to discontinue my participation at any time, with or without cause, and without any obligation or penalty.

### **8. Insurance:**

I acknowledge that the Woodway Family Center does not provide any form of health or accident insurance for volunteers. It is my responsibility to ensure that I have appropriate personal insurance coverage for the duration of my volunteer activities.

### **Acknowledgement and Agreement:**

**By signing below, I acknowledge that I have read and understood this Volunteer Disclaimer Form and agree to the terms outlined above. I understand the risks associated with volunteering and consent to participate in volunteer activities at the Woodway Family Center.**

Volunteer's Full Name:

Volunteer's Signature:

Date:

