

***Love*Extension**

Post Office Box 1095
Umatilla, Florida 32784
Telephone No: (352) 669-1121

VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Mailing Address: _____

Physical Address: _____

Telephone No: _____ Cell Phone No: _____

E-mail Address: _____

Best Days & Times to Volunteer: _____

How much time do you want to volunteer: _____

Do you have your own transportation? _____

Do you desire a certain area, if so, where: _____

Visit Preference: ___ Male ___ Female ___ Dementia ___ No Preference

Do you speak any other language(s)? _____

Skills, talents, or experience that might be beneficial: _____

READ THIS SECTION CAREFULLY BEFORE YOU SIGN THE APPLICATION BELOW

Have you ever been **arrested** for a misdemeanor or felony? _____

Have you ever been **convicted** of a misdemeanor or felony? _____

If yes to either of the above, please explain: _____

Please provide **all names** (maiden, married) **ever used** and **addresses** for the **last ten years** (may use back of paper): _____

LovExtension is authorized to verify any or all of the information contained herein. By my signature below, I hereby authorize the release of all information related to my application for voluntary service.

A false answer to any question in this application may be grounds for non-selection or for termination after I begin volunteer service work.

*I hereby certify that all statements made in this application are true. I understand that any misstatement, misrepresentation, omission or falsification of facts shall cause forfeiture of all rights to volunteer with LovExtension. **I understand that all information on this application is subject to verification and I consent to a criminal history background check.***

If accepted for volunteer service I agree to abide by and comply with all rules, regulations, policies and practices of LovExtension. I understand that my volunteer service with LovExtension is at-will, that I have the right to terminate my volunteer service at any time with or without cause, and that LovExtension has the same right. I understand that as a volunteer, I have no job status and no right to employment. I understand that no representative of LovExtension has any authority to enter into any agreement with me contrary to the policies and practices of LovExtension.

Date signed Applicant's/Volunteer's signature

Date signed If under 18 years of age, Parent or guardian must sign

Five Points of Understanding and Agreement for:

Name of Volunteer (*please print*)

WHEREAS, LovExtension is desirous of receiving volunteer services from concerned citizens — in the interest of performing these services — **I fully understand and agree to the following described terms and conditions:**

1. All of the services and assistance, which I may render, **are strictly and entirely on a volunteer basis**. I understand that I have the right to terminate my volunteer service at any time with or without cause, and that LovExtension has the same right. Consequently, LovExtension is neither responsible nor liable for the payment of any monetary remuneration to me for the performance of those services. I further understand and agree that I will not receive nor will LovExtension provide to me any other benefits which may be available to paid employees, including, but not limited to health or life insurance, paid vacation, sick leave, and social security or retirement benefits.

2. I realize that certain areas of business may involve information or documentation which is confidential. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.

3. I am aware that LovExtension does not and will not transport any person for any reason. I am also aware that we do not participate in manual lifting of individuals or objects. No nursing or medical care will be administered through LovExtension or its volunteers, except to call 911 when indicated.

4. I am aware that no gifts or gratuities may be accepted from any client.

5. Effective Date. (*When you would like to begin volunteering*)

This letter, together with its terms and conditions shall become effective on the _____ day of _____, 20 and shall continue in full force and effect until said services have ended and no future services are contemplated. By my signature below, I hereby attest that I have read and fully understand the foregoing terms and conditions, that I am of sound mind, and that I have reached

my eighteenth (18) birthday preceding my understanding and agreement with these terms and conditions, **or** if under eighteen (18) my parent/guardian has approved my volunteer service as evidenced by their signature below.

Volunteer Printed Name

Volunteer Signature

If under eighteen (18) years of age a parent/guardian's signature must appear below.

Print Name of Parent/Guardian

Parent/Guardian's Signature

EMERGENCY CONTACT INFORMATION

Contact Name: _____

Address: _____

Home Number: _____ Cell Number: _____

2nd Person, if 1st Person cannot be reached:

Contact Name: _____

Address: _____

Home Number: _____ Cell Number: _____

Please mail your application to:

LovExtension, Post Office Box 1095, Umatilla, FL 32784

We thank you for your interest in... Serving to Improve Life! ☺