

Volunteer Application

Date of Appli	cation:	-		
Name:				
Address:				
City, State, Zi	p:			
Main Phone: _		Cell:		
Emergency Co	ontact:			
Phone:	ontact:	_ Cell:		
	□Weekdays □Weekends			
	e of any condition that wou ups Explain:			
□Training □Special Events	oortunities: □Clerical □ □Advocacy □Marke	ting \(\sigma\)Net	working	
Valid Drivers I	n: Able to drive? □yes icense: Type: State &	& DL #:		
		se of Liabi	lity	
hereby assume all re any voluntary effort release, waive and d agents and voluntee of the above for, on such claims, demand intended to be as bi	my desire to serve as a volunteer for esponsibility for any and all risk of prowith the Chamber. Further, I, for mischarge the Greater Hernando Cours of and from any and all claims which account of, by reason of or arising ir and causes of action. Further, I expoad and inclusive as permitted by the nee shall, notwithstanding, continue in	operty damage or bo yself and my heir, ex nty Chamber of Cor ch I or my heirs, adm n connection with my pressly agree that the e State of Florida, and	dily injury that I may ecutors, administrate and its office and its office and assign participation as a vis release, waiver and that if any portion	y sustain while participating in tors and assigns, hereby ers, directors, employees, gns ever may have against any volunteer, and hereby waive all d indemnity agreement is
expected of me. For	known mental or physical condition t urther, I have carefully read the foreg as my own, free act.			
Signature:			_ Date:	