

Strength in optimism. Hope in progress.

VOLUNTEER APPLICATION

Volunteers are crucial to our success. If you are interested in volunteering please fill out this application and we will do our best to get back to you within two weeks.

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____
 Preferred Method of Contact: Email Phone
 Availability: _____

Skills/Interests:

Please include any skills that may be beneficial to the chapter. If you have skills that are not below that you feel would be beneficial to the chapter, please include this information below in the *other* field.

- | | | | |
|-----------------|-----------------|-----------------------|------------|
| Sponsorship | Event Planning | Database Management | Logistics |
| Social Media/PR | Web Development | Newsletter Production | Marketing |
| Graphic Design | Grant Writing | PD Education/Outreach | Data Entry |
| Other: | | | |

Project Interests:

If you are interested in working on a special project please indicate below.

- | | | | |
|---------------|----------------------|----------------|---------------|
| Optimism Walk | Educational Programs | Event Planning | Grant Writing |
| Newsletter | Social Media | General Office | Other |

Additional Info/ Other: _____

Email completed form or print and send to:

**APDA Virginia Chapter
 PO Box 4162
 Virginia Beach, VA 23454**

Email: apdavirginia@apdaparkinson.org

If you have any questions, please call us at 757-495-3062

Volunteer Agreement, Release and Waiver of Liability

In consideration for the opportunity to volunteer for the American Parkinson Disease Association, Inc. ("APDA"), I hereby acknowledge and agree to the following:

1. **RELEASE.** I, on behalf of myself, my personal representatives, heirs, executors, administrators, agents, and assigns, release and forever discharge and hold harmless APDA and its subsidiaries, affiliates, directors, officers, employees, agents, successors, and assigns (collectively the "Releases") from any and all liability, claims, and demands of whatever kind or nature which arise or may hereafter arise as a result of my volunteer work for APDA, including, but not limited to, any illness, injury, or property damage that I may suffer as a result of performing volunteer work for APDA.
2. **MEDICAL TREATMENT.** In the event that I require medical attention during the time that I am performing volunteer work for APDA, I hereby consent to receive emergency first-aid, medical care and transportation in order to obtain treatment. I further release and forever discharge the releases' from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with my volunteer work for APDA, or any failure to render such treatment or other medical services. I further acknowledge and agree that I am responsible for the cost of any and all medical and health services I may require during the course of my volunteer work for APDA.
3. **PERSONAL BELONGINGS:** I understand and acknowledge that releases' are not responsible for the loss of any personal belongings or property that I may sustain while volunteering for APDA.
4. **PHOTOGRAPHIC/INTELLECTUAL PROPERTY RELEASE:** I grant a perpetual and irrevocable non-exclusive, worldwide, royalty-free right to APDA to use, reproduce, publicly display, publicly perform, and publish photographs or video (the "Images") taken of me in the course of performing my volunteer duties for APDA, including my image and likeness as depicted therein, and to identify me by first name, for any purpose that furthers the charitable mission of APDA.

I waive any right to inspect or approve finished versions of the images, including written or spoken copy that may be created in connection therewith.

I expressly release and hold harmless the releases' from any and all claims which I have or may have for invasion of privacy, right of publicity, defamation, copyright infringement, or any other causes of action arising out of the use, adaptation, reproduction, distribution, broadcast, or exhibition of the Images.

5. **CONFIDENTIALITY:** I understand that any Information (written, verbal or other form) regarding APDA's donors, clients, or finances that I obtain during the performance of my duties must remain confidential. I further understand that any breach of the duty to maintain confidentiality may be grounds for immediate dismissal and/or result in possible liability in any legal action arising from such breach.

6. **WARRANTIES:** I warrant that all of the information provided on the attached Prospective Volunteer Profile is correct as of the date it has been filed. I further warrant that I have had the opportunity to review the policies, rules and regulations of APDA. I agree that I will abide by all rules and regulations while performing my volunteer duties, and further agree to abide by all applicable policies of APDA contained in the employee manual, or volunteer policies that APDA may from time to time adopt. I understand that providing false information on the Prospective Volunteer Profile or violating any of the policies, rules and regulations of APDA may be grounds for immediate dismissal.

Signature _____ Date _____

Full Name (Print) _____

Signature of Parent/Guardian _____ Date _____

(If Volunteer is under 18)

Name of Parent/Guardian (Print) _____