



Today's Date: \_\_\_\_\_

Volunteer Application – Short Form

\_\_\_\_\_  
First Name Last Name Birth Date

\_\_\_\_\_  
Phone Number Email Address

\_\_\_\_\_  
Address City State Zip

Emergency Contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please read the following agreement and sign below:

**VOLUNTEER DISCLAIMER**

**COMPENSATION/REPRESENTATION:** I acknowledge that I have read my job responsibilities and fully understand that I will be acting solely as a volunteer for Corning Meals on Wheels (CMoW) volunteer I will not receive any monetary compensation, nor will I represent myself as an employee of CMoW.

**LIMITATION OF RISK:** I understand and agree that activities performed in the course of work at CMoW may be hazardous, including, but not limited to preparation and cooking of food, loading and unloading, and transportation to and from the work site and assignments. I hereby expressly and specifically assume the risk of injury or harm in the activities and release of CMoW from all liability for injury, illness, death, or property damage resulting from these activities.

**INSURANCE:** The Volunteer understands that, unless otherwise agreed to by CMoW in writing, CMoW does not carry or maintain health, medical or disability insurance coverage for any Volunteer.

**CONFIDENTIALITY:** I also understand that CMoW provides meals for homebound disabled persons and that during the course of my volunteer duties, I may learn certain information about the recipient and including, but not limited to his/her disability. I understand that this information is strictly confidential and I will not disclose it to any person or entity.

**PHOTOGRAPHIC RELEASE:** I hereby grant and convey unto CMoW all right, title and interest in any and all photographic images and video or audio recordings made by CMoW during the Volunteer or Participant's activities with CMoW including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

\_\_\_\_\_  
Volunteer Signature Date

\_\_\_\_\_  
Parent/Guardian Signature (required if less than 18 years of age) Date

\_\_\_\_\_  
Print Parent/Guardian Name

CMoW does not discriminate against any person for reasons of race, color, religion, gender, national origin, age, disability, political affiliation, sexual orientation, veteran or marital status, prior criminal record or any other legally protected status. We do, however, reserve the right to curtail meal service to any household where conditions exist that would in any way threaten the wellbeing of our representatives.