



Volunteer Application

Sandpoint Area Seniors, Inc. (SASi)
820 Main St, Sandpoint, ID 83864
208-263-6860 | info@sandpointareaseniors.org

Application Date _____

PERSONAL INFORMATION

Full Name _____

Mailing Address _____

Physical Address (if P.O. Box) _____

Home Phone _____ Cell Phone _____

Email Address _____

Preferred Contact Phone (home or cell) _____

Date of Birth (MM/DD/YYYY) _____

Emergency Contact _____ Phone _____

SKILLS & EXPERIENCE

Special training, skills, hobbies

Groups, clubs, organizational memberships

Prior volunteer experience (include organization names and dates of service)

AVAILABILITY & DETAILS

Medical conditions we should be aware of

Days and hours available _____

How did you hear about this program? _____

Are you retired? Yes No

Do you have a driver's license? Yes No

Do you have car insurance? Yes No

Do you have a car available for transporting others? Yes No

Do we have your permission to conduct a background check? Yes No



VOLUNTEER OPPORTUNITIES

From the following list of current volunteer opportunities please mark all areas you are interested in and return this application to the Volunteer Coordinator, Director, or Administrative Assistant.

Baking pies, cookies, etc. for events	Office work
Collect donations for special events	Sell raffle / other tickets
Food service (ID Food Handlers card required)	Serve as a SASi Board of Director
Grant writing	Teach a class
Home delivered meal program drivers	Transportation
Landscape / gardening	Work at fundraisers
Newsletter and poster distribution	Moving heavy items

Other (please describe) _____

WAIVER AND RELEASE OF LIABILITY

IN CONSIDERATION OF the risk of injury that exists while participating in VOLUNTEERING AT SENIOR CENTER (hereinafter the "Activity"); and

IN CONSIDERATION OF my desire to participate in said Activity and being given the right to participate in same;

I HEREBY, for myself, my heirs, executors, administrators, assigns, or personal representatives (hereinafter collectively, "Releasor," "I" or "me", which terms shall also include Releasor's parents or guardian if Releasor is under 18 years of age), knowingly and voluntarily enter into this WAIVER AND RELEASE OF LIABILITY and hereby waive any and all rights, claims or causes of action of any kind arising out of my participation in the Activity; and

I HEREBY release and forever discharge SANDPOINT AREA SENIORS INC, located at 820 Main St, Sandpoint, Idaho 83864, their affiliates, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns (collectively "Releasees"), from any physical or psychological injury that I may suffer as a direct result of my participation in the aforementioned Activity.

I AM VOLUNTARILY PARTICIPATING IN THE AFOREMENTIONED ACTIVITY AND I AM PARTICIPATING IN THE ACTIVITY ENTIRELY AT MY OWN RISK. I AM AWARE OF THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS ACTIVITY, WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO: PHYSICAL OR PSYCHOLOGICAL INJURY, PAIN, SUFFERING, ILLNESS, DISFIGUREMENT, TEMPORARY OR PERMANENT DISABILITY (INCLUDING PARALYSIS), ECONOMIC OR EMOTIONAL LOSS, AND DEATH. I UNDERSTAND THAT THESE INJURIES OR OUTCOMES MAY ARISE FROM MY OWN OR OTHERS' NEGLIGENCE, CONDITIONS RELATED TO TRAVEL TO AND FROM THE ACTIVITY, OR FROM CONDITIONS AT THE ACTIVITY LOCATION(S). NONETHELESS, I ASSUME ALL RELATED RISKS, BOTH KNOWN AND UNKNOWN TO ME, OF MY PARTICIPATION IN THIS ACTIVITY.

I FURTHER AGREE to indemnify, defend and hold harmless the Releasees against any and all claims, suits or actions of any kind whatsoever for liability, damages, compensation or otherwise brought by me or anyone on my behalf, including attorney's fees and any related costs.

I FURTHER ACKNOWLEDGE that Releasees are not responsible for errors, omissions, acts or failures to act of any party or entity conducting a specific event or activity on behalf of Releasees. In the event that I should require medical care or treatment, I authorize Sandpoint Area Seniors Inc to provide all emergency medical care deemed necessary, including but not limited to, first aid, CPR, the use of AEDs, emergency medical transport, and sharing of medical information with medical personnel. I further agree to assume all costs involved and agree to be financially responsible for any costs incurred as a result of such treatment. I am aware and understand that I should carry my own health insurance.

I FURTHER ACKNOWLEDGE that this Activity may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. I agree not to participate in the Activity unless I am medically able and properly trained, and I agree to abide by the decision of the Sandpoint Area Seniors Inc official or agent, regarding my approval to participate in the Activity.

I HEREBY ACKNOWLEDGE THAT I HAVE CAREFULLY READ THIS "WAIVER AND RELEASE" AND FULLY UNDERSTAND THAT IT IS A RELEASE OF LIABILITY. I EXPRESSLY AGREE TO RELEASE AND DISCHARGE Sandpoint Area Seniors Inc AND ALL OF ITS AFFILIATES, MANAGERS, MEMBERS, AGENTS, ATTORNEYS, STAFF, VOLUNTEERS, HEIRS, REPRESENTATIVES, PREDECESSORS, SUCCESSORS AND ASSIGNS, FROM ANY AND ALL CLAIMS OR CAUSES OF ACTION AND I AGREE TO VOLUNTARILY GIVE UP OR WAIVE ANY RIGHT THAT I OTHERWISE HAVE TO BRING A LEGAL ACTION AGAINST Sandpoint Area Seniors Inc FOR PERSONAL INJURY OR PROPERTY DAMAGE.

To the extent that statute or case law does not prohibit releases for ordinary negligence, this release is also for such negligence on the part of Sandpoint Area Seniors Inc, its agents, and employees.

I agree that this Release shall be governed for all purposes by Idaho law, without regard to any conflict of law principles. This Release supersedes any and all previous oral or written promises or other agreements.

In the event that any damage to equipment or facilities occurs as a result of my or my family's or my agent's willful actions, neglect or recklessness, I acknowledge and agree to be held liable for any and all costs associated with any such actions of neglect or recklessness.

THIS WAIVER AND RELEASE OF LIABILITY SHALL REMAIN IN EFFECT FOR THE DURATION OF MY PARTICIPATION IN THE ACTIVITY, DURING THIS INITIAL AND ALL SUBSEQUENT EVENTS OF PARTICIPATION.



WAIVER AND RELEASE OF LIABILITY – CONTINUED

THIS AGREEMENT was entered into at arm's-length, without duress or coercion, and is to be interpreted as an agreement between two parties of equal bargaining strength. Both Participant, _____ and Sandpoint Area Seniors Inc agree that this agreement is clear and unambiguous as to its terms, and that no other evidence shall be used or admitted to alter or explain the terms of this agreement, but that it will be interpreted based on the language in accordance with the purposes for with it is entered into.

In the event that any provision contained within this Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of this agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this agreement shall remain in full force and effect. If a court should find that any provision of this agreement to be invalid or unenforceable, but that by limiting said provision it would become valid and enforceable, then said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact	Contact Relationship	Contact Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I, THE UNDERSIGNED PARTICIPANT, AFFIRM THAT I AM OF THE AGE OF 18 YEARS OR OLDER, THAT THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT AND THAT I AM FREELY SIGNING THIS AGREEMENT. I CERTIFY THAT I HAVE READ THIS AGREEMENT, THAT I FULLY UNDERSTAND IT'S CONTENT AND THAT THIS RELEASE CANNOT BE MODIFIED ORALLY. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND THAT I AM SIGNING OF MY OWN FREE WILL.

Participant's Name _____

Participant's Address _____

Printed Name _____

Signature _____ **Date** _____

SOCIAL MEDIA AND PHOTOGRAPHY RELEASE FORM

The Releasor grants permission to Sandpoint Area Seniors, inc. (SASi) "Releasee") to use their image, voice, or likeness in photographs, audio recordings, or video recordings on SASi printed publications, website, and social media accounts, including, but not limited to, Facebook, Instagram, TikTok, and X (Twitter), without acknowledgment or recognition given to the Releasor.

The Releasor grants the Releasee creative permission to alter the photographs, provided that the photographs are not altered in an explicit manner or used to maliciously represent the Releasor or their associates.

The Releasor understands that they will not receive any monetary compensation from the Releasee for the permissions granted herein and hereby waives any right of inspection or approval of the photos or recordings prior to the Releasee posting on their social media accounts.

The Releasor acknowledges that any third party (including any agency, client, publication, or other organization or institution) may distribute the photographs and recordings on their social media accounts for the purposes of publicity and promotion of the Releasee.

In giving this consent, the Releasor releases the Releasee from liability for any violation of any personal or proprietary right the Releasor may have in connection with all third parties' use of the images on social media.

The Releasor certifies that they are 18 years of age or older. If the Releasor is under the age of 18, their parent or guardian must sign this Release.

In witness whereof, the Releasor executes this Release by signing below.

☐

YES- I give permission to SASi to use my photos/videos of me (or my child)

Releasor's Signature: _____ Date: _____

Print Name: _____

☐

NO - I do not give permission to SASi to use my photos/videos of me (or my child)

Releasor's Signature: _____ Date: _____

Print Name: _____

Opt out option: If you decide later that you do not want your photo/video used by SASi, you may withdraw your consent at any time. To do so, please handwrite, sign and date a note stating, "I no longer consent to use my photo," and submit it to SASi.