

## Volunteer Application

SECTION I		Date _	
Name		DOB_	
Address			
City	State	Zip	
Home Phone:	Cell Phone: _		
E-mail:			
SECTION II			
Admin support Fundraising Community outreach Faith-based activities/Ministry Meals/Hospitality Business mentoring Veteran mentoring Outdoor activities/Sports  Do you hold any relevant license electrical, heavy equipment oper Which ones?	ation, welding, etc? YES	e g ng, min / NO	
Do you have any particular skills  Other information that will help the hobbies/previous volunteer expe	us make a good match (such	ı as edu	cation, general interests/
	erierice)		
SECTION III			
Notify in case of an emergency			
Telephone Number:	Rela	tionship	:
Would you be willing to consent  I hereby give my consent to conduct a back		olunteer	ing necessitates? YES / NO
-	Signature of Volunteer		Date

## VOLUNTEER/PATRIOT/EMPLOYEE AGREEMENT & LIABILITY RELEASE

I agree and release the Stone Ridge Foundation and the National Center for Healthy Veterans (NCHV) as follows:

I acknowledge that as a Volunteer/Patriot/Employee, I perform the services/participate in the activities to which I am assigned of my own free will, without promise, expectation or receipt of remuneration.

I recognize that as a Volunteer/Patriot/Employee, I represent Stone Ridge Foundation and NCHV to the public. I accept responsibility for this status and will conduct myself in a professional manner.

I understand that my activities as a Volunteer/Patriot/Employee may include but are not limited to (a) physical activity (including without limitation work with heavy tools and materials), (b) contact with unidentified and unfamiliar persons, (c) travel to and from various unspecified locations and (d) other potential risk of injury.

Should I voluntarily use my own means of transportation for NCHV purposes, NCHV is not liable. I am voluntarily participating in this service with the knowledge of the potential hazards involved and hereby agree to accept any and all risks of injury without any recourse to or against NCHV.

I hereby release NCHV, its directors, officers, partners, agents, employees, successors, assigns, licensees, sponsors, donors, representatives, guests and affiliates from all actions, claims, suits or demands that I, my assignees, heirs, guardians and legal representatives now have or may hereafter have arising out of, based upon or relating to my participation as a Volunteer/Patriot/Employee

I have carefully read this agreement and fully understand its contents. I am aware that this is a release of liability and I sign it of my own free will.

Volunteer/Patriot/Employee Signature*	Date
*For volunteers or employees under 18, a parent or legal guard	ian's signature is required
Parent/Legal Guardian Signature *	Date