



**VOLUNTEER APPLICATION & WAIVER**  
**Society of St. Vincent de Paul of Alameda County**  
 9235 San Leandro St / 2272 San Pablo Ave Oakland, CA  
[volunteer@svdp-alameda.org](mailto:volunteer@svdp-alameda.org) (510) 877-9252

I AM A CURRENT OR FORMER VOLUNTEER

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone number \_\_\_\_\_ Alternate Phone \_\_\_\_\_ Birth Date \_\_\_\_\_

Email address \_\_\_\_\_  Yes! Send me the SVdP newsletter!

Group, organization or affiliation \_\_\_\_\_

Emergency Contact Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

**Please list allergies, medical conditions, or other health-related issues we should know about:**

\_\_\_\_\_

**Please indicate what day(s) of the week you are able to volunteer:**

Monday From \_\_\_\_ to \_\_\_\_     Tuesday From \_\_\_\_ to \_\_\_\_     Wednesday From \_\_\_\_ to \_\_\_\_     Thursday From \_\_\_\_ to \_\_\_\_

Friday From \_\_\_\_ to \_\_\_\_     Saturday From \_\_\_\_ to \_\_\_\_     Sunday From \_\_\_\_ to \_\_\_\_

**My availability is:**  On Call     Ongoing     From this date \_\_\_\_\_ to this date \_\_\_\_\_

**Do you need to fulfill any special obligations** (such as community service hours)? If yes, please explain: \_\_\_\_\_

**Number of hours needed and required completion date** \_\_\_\_\_

What skills, knowledge, professional or life experience would you bring to the organization?

\_\_\_\_\_  
 \_\_\_\_\_

**Please indicate the program(s) or site(s) you are interested in:**

Special Event (please specify event and date) \_\_\_\_\_

Dining Room                       Job Club/Champion Workforce Program     Women's Visitation Center

Men's Visitation Center     Warehouse (including book or merchandise sorting)

Thrift store (please specify location and role) \_\_\_\_\_

## Release and Waiver of Liability

This Release and Waiver of Liability is executed on this day by the signee below in favor of the Society of St. Vincent de Paul of Alameda County, a non-profit organization, its directors, officers, employees and agents. The Volunteer desires to work as a volunteer for the Society of St. Vincent de Paul and engage in the activities related to being a volunteer. The Volunteer does hereby freely, voluntarily and without duress execute this release under the following terms:

1. **Waiver and Release** – Volunteer does hereby release and forever discharge and hold harmless the Society of St. Vincent de Paul and its successors, and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s work for the Society. Volunteer does hereby release and forever discharge any liability or claim that the volunteer may have against the Society of St. Vincent de Paul with respect to any bodily injury, personal injury, death or property damage that may result from Volunteer’s work for the Society of St. Vincent de Paul whether caused by the negligence of Society of St. Vincent de Paul, it’s officers, directors, employees, agents or otherwise. Volunteer also understands that the Society of St. Vincent de Paul does not assume any responsibility for, or obligation to, provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.
2. **Medical Treatment** – Except as otherwise agreed to by the Society of St. Vincent de Paul in writing, Volunteer does hereby release and forever discharge the Society of St. Vincent de Paul from any claim whatsoever that arises, or any which arise hereafter on account of any first aid, treatment, or service rendered in connection with the volunteer’s work with the society of St. Vincent de Paul.
3. **Assumption of the Risk** – Volunteer expressly and specifically assumes the risk of injury or harm in these activities and releases the Society of St. Vincent de Paul from all liability for injury, illness, death, or property damage resulting from the activities of volunteer’s work for the Society of St. Vincent de Paul.
4. **Insurance** – Volunteer understands the Society of St. Vincent de Paul does carry and maintain volunteer medical accident policy insurance coverage that is a secondary payer for all volunteers, with the volunteer’s own primary medical accident policy serving as primary coverage.
5. **Photographic Release** – Volunteer does hereby grant and convey unto the society of St. Vincent de Paul all right, title and interest in any and all photographic images and video or audio recordings made by the Society of St. Vincent de Paul during the volunteer’s work for the Society of St. Vincent de Paul, including, but not limited to any royalties, proceeds or other benefits derived from such photographs or recordings.
6. **Other** – Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of California and that this release shall be governed by and interpreted in accordance with the laws of the State of California. Volunteer agrees that in the event that any clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

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**Signature of Volunteer (if Over 18)**

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing it, I am giving up certain legal rights and remedies.

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**Signature of Parent/Legal Guardian (if Volunteer is Under 18)**

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing it, I am giving up certain legal rights and remedies.

<b>STAFF USE ONLY</b>	<input type="checkbox"/> <b>V I</b>	<input type="checkbox"/> <b>P B</b>	<input type="checkbox"/> <b>O C</b>	<input type="checkbox"/> <b>T V</b>
<b>Initials</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>