**BEAR CLOSET VOLUNTEER FORM**

**85 W Cross Street**

**Marion, NC 28752**

**828-803-8790**

* Name:
* DOB:
* Address:
* Phone Number:
* School (if you are enrolled):
* Will you need a letter of recommendation for any applications? no
* Any student participating in volunteer hours must complete 24 hours of service for The Bear Closet in order to be eligible for any volunteer agency recommendations for college or work applications:

 Initial here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What days are you usually available? Mon: Tues: Wed: Thurs: Fri: Sat:
* How many hours are you available per week? Do you prefer Morning? Afternoon?
* Please describe any physical limitations or medical conditions that we should be aware of.
* Emergency contact:

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES

including by way of example and not limitation, any risks that may arise from negligence or

carelessness on the part of the persons or entities being released, from dangerous or defective

equipment or property owned, maintained, or controlled by them, or because of their possible

liability without fault.

I CERTIFY that I am physically fit, have sufficiently prepared or trained for participation in this

activity, and have not been advised to not participate by a qualified medical professional. I

CERTIFY that there are no health-related reasons or problems which preclude my participation

in this activity.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event

holders, sponsors, and organizers of the activity in which I may participate, and that it will

govern my actions and responsibilities at said activity.

In consideration of my application and permitting me to participate in this activity, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as

I acknowledge that The Bear Closet

and their directors, officers, volunteers, representatives, and agents are NOT responsible for errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian ages 15-17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Volunteer Not an Employee**

I understand that (I) I am not an employee of The Bear Closet (ii) that I will not be paid for my participation, and (iii) I am not covered by or eligible for any The Bear Closet insurance, health care, worker’s compensation, or other benefits. I may choose at any time not to participate in an activity, or to stop my participation entirely,

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian ages 15-17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Publicity**

I consent to the use by The Bear Closet of my image, voice, name and/or story in any format, including video, print, or electronic (collectively, the “Materials”), as The Bear Closet may deem appropriate to promote its programs. The Bear Closet may make the Materials available at its discretion to third parties, on The Bear Closet website, in The Bear Closet publications, or through any other media, including social networking websites. I waive any right to inspect or approve the finished product or to receive any payment. I grant to The Bear Closet all copyrights in the Materials and waive any legal claims, including those relating to copyright, or rights of publicity or privacy. You may have access to your images by written request.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian ages 15-17\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

Parent Contact Information

 (phone number)

I \_\_\_\_\_\_\_\_\_\_\_\_\_ have read this form and understand everything I have read and signed.

Bear Closet Director \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_