



VOLUNTEER APPLICATION

Volunteer Name _____ Phone _____
Address _____ City _____ State ____ Zip _____
Email (required) _____ Volunteer under age 18? __ Yes __ No
Parent/ Legal Guardian Email (required if Volunteer is under age 18): _____
Emergency Contact Name _____
Emergency Contact Phone _____ Relationship _____

PUBLICITY RELEASE

By signing this form, I give Abba's House permission to use pictures, video, or other media of myself and others in my family for use in newsletters, promotions, social media, and other venues. Any exceptions to this will be noted specifically at the bottom of this page.

(Volunteer Signature)

_____ **Date** _____

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

(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 this form, I am giving up legal rights and remedies.



RELEASE OF LIABILITY

In return for being allowed to participate in Abba's House volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue Abba's House or its officers, directors, employees, subcontractors, sponsors, agents and affiliates from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that Abba's House is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities may involve certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless Abba's House for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that Abba's House has not arranged and does not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of Abba's House.

(Volunteer Signature)

_____ **Date** _____

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

(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 this form, I am giving up legal rights and remedies.



PRIMARY VOLUNTEER ADDENDUM

Since our refugee guests are often an extremely vulnerable group, we have some additional layers of security/checks for those volunteers who will be working in more direct contact with them. This includes those who might be transporting them off-site, those working with the children, and those working directly with the refugee women on life skills. **These volunteers are asked to complete the following in addition to our basic volunteer application:**

- Complete our online background check (this link will be emailed to the e-mail address you provided).
- Complete the online video training and test (approx 30-40 minutes. Link will be emailed to you after background check is completed)
- Provide a legible copy of your driver’s license and auto insurance (since most volunteers at this level will ultimately be in a position of transporting our refugee guests). We prefer you take a picture of these documents and email it to wendy@abbashousetexas.com or you may bring a hard copy for our files.
- Provide two references who are not related to you:

Reference Name _____ Phone _____
 Email _____ Relationship _____

Reference Name _____ Phone _____
 Email _____ Relationship _____

By signing this form, I hereby give my consent to contact my references.

Signature _____ **Date** _____

Name (printed) _____

· In addition, we ask that you take some time to read through our Child Protection Policy given to you.
 · If you have not already done so, please fill out our volunteer interest form at:
<https://abbashousetexas.com/volunteer/fill-out-our-form/>

ADMINISTRATIVE USE ONLY

Date of Reference Check: _____ **Checked By:** _____

Comments: _____

Reference Approved: ___ Yes ___ No