



*Confidential Volunteer Application*

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ Apt/Unit: \_\_\_\_\_

City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please check if you do NOT wish to receive information and updates via email.

The following information must be provided for any volunteer whose services may include driving an automobile:

Driver's License # \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Auto Insurance Co: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please attach a copy of Proof of Insurance.

Employer/School Name & Address \_\_\_\_\_

Occupation: \_\_\_\_\_ Position: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Contact Relation: \_\_\_\_\_ Contact Phone(s) \_\_\_\_\_

Please indicate which activities you are most interested in:

- Flower pick up    Flower arranging    Fundraising/Donations    Special Events  
 Flower delivery    Administrative activities    Promotional activities    All/Any activities

Please indicate your best availability:

- Mondays    Tuesdays    Wednesdays    Thursdays    Fridays    Saturdays    Sundays  
 Daytime    Evenings   Comments: \_\_\_\_\_

**References:** Beginning volunteer services with Blooms from the Heart may be conditional upon successfully passing reference screenings. Please list two people whom we may contact and include address, email and telephone numbers. These should not be relatives but should be teachers, employers or other community members. Please notify these people that we may be contacting them.

1. \_\_\_\_\_

2. \_\_\_\_\_

**Criminal Offenses:** Have you ever been convicted of a criminal offense? \_\_\_\_ (yes) \_\_\_\_ (no)

If yes, please specify: offense \_\_\_\_\_ date \_\_\_\_\_ county & state \_\_\_\_\_

**Please read and sign the Agreement on the back of this application**

**Thank you.**



*General and Ethics Agreements, Waiver and Release of Liability*

I recognize that, as a Blooms from the Heart volunteer, I represent Blooms from the Heart to the public. I accept responsibility for this status and will conduct myself in a professional manner.

I agree to maintain the confidentiality of Blooms from the Heart's volunteers and clients about whom I have personal and identifying information. **Please initial:** \_\_\_\_\_.

I am aware that as a Blooms from the Heart volunteer I expose myself to potential hazards. 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.

As a volunteer, I am not eligible for Blooms from the Heart benefits of any kind.

In connection with my voluntary involvement in activities undertaken for, and / or with the participation and support of Blooms from the Heart, I, the undersigned, hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Blooms from the Heart and its officers and directors, partners, funders, employees, agents, and volunteers (Releasees) from all claims, demands, and actions from injuries or damage sustained to my person and / or property as a result of my involvement in such activities, whether or not resulting from negligence. I agree to release and hold Blooms from the Heart and its Releasees harmless from any cause or action, claims or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk

If my volunteer service includes driving an automobile, I acknowledge that I have both a valid driver's license and automobile liability insurance policy as required by California law. I agree to maintain my license and insurance in good standing for my entire tenure as a Blooms from the Heart volunteer. I am knowledgeable of and agree to abide by local and state traffic laws. I agree not to drive while under the influence of alcohol and/or other intoxicating substances.

I hereby give Blooms from the Heart the absolute and irrevocable right and permission with respect to the photographs that have been or may be taken of me or in which I may be included with others: (a) to copyright the same in their own name or other name that they may choose; (b) to use, re-use, publish and re-publish the same in whole or in part, individually or in conjunction with other photographs, in any medium and for any purpose whatsoever, including, but not limited to, illustration, promotion, advertising, trade; and (c) to use my name in connection therewith if they so choose. I hereby release and discharge Blooms from the Heart from any and all claims and demands arising out of or in connection with the use of the photographs, including any and all claims for libel. This authorization and release shall also enure to the benefit of the legal representatives, licensees and assigns of Blooms from the Heart as well as the person(s) for whom they took the photographs.

I hereby state that I am over the age of 18.

***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.  
I acknowledge that any false information shall disqualify me from service.***

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_  
Witness Signature

Release of Liability for Minors: I, the undersigned parent or guardian of a minor participating with me, attest that I am over 18 years of age and warrant that I have legal authority to execute the above agreement on my child or legal ward's behalf. I have read the foregoing *General and Ethics Agreements, Waiver and Release of Liability* and I hereby give my express consent to the irrevocable execution of this release on my child / legal ward's behalf.

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date: \_\_\_/\_\_\_/\_\_\_  
Witness Signature