

## INDIVIDUAL VOLUNTEER APPLICATION

Thank you for your interest in becoming a volunteer and supporting the Collaboration Center Foundation (CCF). The time our volunteers contribute is critical for us to help change the lives of those living with Intellectual, Developmental and Physical Disabilities in Southern Nevada.

**COVID-19 Restrictions:** CCF must comply with strict health and safety guidelines with excellent guidance from the Centers for Disease Control (CDC), we are taking all necessary measures to ensure the health and safety of our employees and volunteers. We also ask that anyone who may have been exposed to COVID-19 and/or experiencing cold or flu-like symptoms to refrain from volunteering until they are fully recovered.

If you need further assistance, please contact the Volunteer Department at [volunteer@collablv.org](mailto:volunteer@collablv.org).

Please complete the application below to sign up as an individual volunteer.

### Contact and Demographic Information:

<b>First Name:</b>		
<b>Last Name:</b>		
<b>Street 1:</b>		
<b>Street 2:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Phone:</b>		

<b>Date of Birth:</b>	<b>Gender:</b>
<b>How did you hear about us?:</b>	
<b>Email:</b>	

**Emergency Contact Information:**

<b>First Name:</b>	<b>Last Name:</b>
<b>Phone:</b>	<b>Email:</b>

**Please check the area(s) and circle the time of day in which you are interested in volunteering:**

**AM**      or      **PM**

- Events
- Programs
- Office/Administrative
- Other \_\_\_\_\_

**Release of Liability:**

In return, the volunteer or parent/legal guardian of volunteer (if under the age of 18) hereafter, is agreeing to the following terms:

Collaboration Center Foundation is not responsible for any injury, personal illness, or property damage that may emerge out of the volunteer activities. I understand and agree that volunteer activities with the Collaboration Center Foundation involves certain foreseen, and unforeseen, hazards to which I accept all risks of participation. I agree to indemnify Collaboration Center Foundation for all claims arising out of my participation in volunteer activities, including any claims based on negligence. I agree to not to sue or assert any claim against Collaboration Center Foundation or any of its affiliates from causes of any nature such as liability, demands, actions, damages, judgments, and expenses. This also includes, but is not limited to, attorney(s) fees and costs that are in any way related to loss, damage, illness, and/or injury that I, or my property, may sustain within volunteer activities wherever, whenever, or however that may occur. I give my consent and authority to the Collaboration Center Foundation to obtain medical treatment in the event I am injured or become ill during volunteer activities. I understand that I am responsible for all costs related to such medical treatment.

**Photographic Release:** I understand and agree that I may be photographed or videotaped during volunteer activities for internal and/or promotional use. I hereby grant and convey to Collaboration Center

Foundation, its successors, and affiliates all right, title, and interest. This includes, but is not limited to royalties, proceeds, or other benefits in photographs and/or video recordings while volunteering. I give consent to the use of my name, image, likeness and voice in perpetuity, in any medium or format, for publicity without notice, compensation, or further permission. I do hereby grant Collaboration Center Foundation, its officers, agents, employees, and affiliates permission and without restriction to copyright and use, re-use, publish, and re-publish photographic portraits or pictures of me in all media known or later becoming available; in which this may include in whole or in part, composite forms, and/or distorted character. I give the absolute right to future changes or alterations that may happen from time to time, in conjunction with my own or a fictitious name that involves reproductions in color, alterations in various mediums for art, advertising, trade, or any other purpose whatsoever. I also give consent to the use of any printed matter in conjunction. I waive any and all rights to inspect or approve the finished product(s), the advertising copy, printed matter that may be used, or the use to which it may be applied. I release, discharge, and agree to hold harmless Collaboration Center Foundation from any liability by virtue of blurring, distortion, alteration, or optical illusion, whether it occurs intentionally or otherwise. I agree that the subsequent processing of having my picture taken, that may be produced/publicized, is without limitation of claims for libel or invasion of privacy.

**Safety, Dress Code, and Code of Conduct:**

Here at Collaboration Center Foundation safety is top priority for our volunteers. For this reason, we ask that all volunteers adhere to our dress code and code of conduct. Our volunteer dress code is as follows: closed-toed shoes, long pants or shorts at least mid-length to the knee, no tank tops or mid-drift tops, no clothing with obscene or controversial messaging, and maintaining a clean and professional appearance. Collaboration Center Foundation requires that volunteers are respectful to others at all times and while volunteering please display a willingness to support our mission.

Collaboration Center Foundation has a zero-tolerance policy towards drugs and alcohol and any volunteer appearing to be under the influence will be asked to leave. Theft or any form of criminal activity will not be tolerated. Those who do not adhere to these policies will be dismissed from current and future volunteering. I understand that this document is intended to be as broad and inclusive as permitted by the laws of the State of Nevada and agree that if any portion of this agreement is invalid, the remainder will continue in full legal force and effect.

- By checking this box and submitting this form, I am agreeing to the above waiver and attest that the information I have provided on the form is true and accurate. Parent or Guardian must sign if volunteer is under 18 years of age.**

<b>Volunteer Name:</b>	<b>Date:</b>
<b>Signature (Self/Parent/Guardian):</b>	