

VOLUNTEER APPLICATION & RECORD



Senior Activity Center _____

Home Delivered Meals: Route # _____ Assigned Schedule _____

On-Going One Time Temporary: Start Date _____ End Date _____

1363 W. Market Street
Smithfield, NC 27577
(919) 934-6066

Date Signed Up _____ Start Date _____ Date of Birth _____

Name _____
(Last) (First) (Middle Initial)

Organization (if applicable) _____

Address _____
(Street) (City, State) (Zip Code)

Mailing Address: _____
(P.O. Box/Street.) (City, State) (Zip Code)

Telephone Home: (____) _____ Mobile: (____) _____

E-mail address: _____

Emergency Contact:

Name _____
(Last) (First) (Middle Initial)

Address _____
(street) (City, State) (Zip Code)

Telephone Home: (____) _____ Mobile: (____) _____

DRIVER WAIVER & RELEASE

From Liability and Indemnity Hold Harmless Agreement

I, _____, on my behalf and on behalf of my heirs, personal representatives,
(Volunteer Name – Print)

successors and assigns hereby release and hold harmless Community and Senior Services of Johnston County, Inc., its Directors, and Board members from and against any claim for injury, including death, loss, or damage to my personal property that may be sustained by me from and during the use of my personal vehicle while volunteering my time to deliver meals for the Home Delivered Meals Program. This includes any claim while physically delivering the meal to the home of the senior.

I hereby state and represent that:

- I hold a current valid driver's license.
- I have automobile insurance for the vehicle I will be using.
- I expressly agree to assume the risk of any personal injury, including death, which I might suffer as a result of my volunteering in the Home Delivered Meals Program.

If any provision of this waiver and release shall be declared by a court of competent jurisdiction to be invalid or unenforceable, the remainder of this waiver and release shall not be affected and shall be enforced to the fullest extent permitted by law.

By signing below, I disclose that I have read, understand, and agree to the terms and conditions stated herein.

This is a release – Be sure to read before signing:

Signature _____ Date _____

Company Name (if applicable) _____

Address _____

City _____ State _____ Zip Code _____

Home /Business Phone _____ Cellular Phone _____

N.C. Driver's License Number _____ Expiration Date _____