



P.O. Box 910044, Lexington KY 40591

**Erin's Hope for Friends Kentucky & Lexington e's Club  
VOLUNTEER APPLICATION AND AGREEMENT**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Are you a student?  Yes  No If yes, what school do you attend \_\_\_\_\_

Highest grade level \_\_\_\_\_ Major/Minor \_\_\_\_\_

If you are a college student, are you interested in learning about the EHFF Internship?  Yes  No

How did you hear about Erin's Hope for Friends? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Describe your experience working with children/teens on the Autism Spectrum. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list any hobbies, special talents or training you wish to utilize here. (i.e. music, athletics, event planning, administrative skills, ASD training.)

\_\_\_\_\_  
\_\_\_\_\_

What days and times are you available to volunteer? \_\_\_\_\_

\_\_\_\_\_

In what areas are you most interested volunteering? \_\_\_\_\_

\_\_\_\_\_

**Previous Volunteer Experience:** (If necessary, attach sheet with description of additional experience)

Date(s): \_\_\_\_\_ Agency/Organization: \_\_\_\_\_ Activity: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



P.O. Box 910044, Lexington KY 40591

**In case of emergency, please contact:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please list two professional references (not family) that we may contact.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Have you ever been convicted or charged with a felony?**       No       Yes

**If yes, please explain.**

\_\_\_\_\_

**Certification and Agreement**

Information True and Correct. The undersigned individual (the "Applicant") certifies that all the information he/she has provided in this Application and Agreement (this "Agreement") is true and correct.

No Felony Offense or Restraining Order. The Applicant further certifies that he/she has never been charged with a felony offense and that he/she is not subject to any judicial order that prevents or prohibits the Applicant from working with children.

Waiver and Release. The Applicant acknowledges and agrees that Erin's Hope for Friends Kentucky Inc. (the "Foundation") is not responsible for any death, injuries or damage to Applicant or Applicant's property that may result from Applicant's involvement in activities relating to this Agreement. Applicant waives, releases and covenants not to sue the Foundation, its directors, agents, employees, attorneys, agents and other volunteers (collectively, the "Foundation Releasees") from any claims, demands or causes of actions that may arise from such activities.

COVID-19 Waiver and Release. In addition to any other risks posed by Applicant's involvement in activities related to this Agreement, Applicant understands that, despite any safety precautions being taken by Foundation, by volunteering with Foundation, there is a risk of potential exposure to COVID-19 or any other harmful virus or bacteria, which may result in illness or death. Volunteer waives, releases and covenants not to sue the Foundation Releasees from any claims, demands or causes of actions that may arise from such risk.

Compliance. Applicant agrees to comply with and follow all rules and requirements that Foundation may provide from time to time with respect to volunteer activities. Applicant agrees to indemnify and defend Foundation against any third-party claims and any losses or damages resulting from Applicant's breach of this Agreement.

Permission to Publish Likeness. Applicant grants the Foundation permission to use any photographs, video, name, likeness or quotations of Applicant obtaining during any such activities to promote the interests of the Foundation.

Confidentiality. Applicant agrees to keep confidential and not use for any purpose (other than those authorized by the Foundation) any confidential information of the Foundation obtained by Applicant at any time, including but not limited to any personal, health or family information regarding any clients, employees, volunteers, or beneficiaries of the Foundation, any financial or business information of the Foundation, or any information related to any investigation or incident that occurs during Foundation activities. Applicant agrees that this confidentiality obligation is reasonable and necessary to protect the work of the Foundation; and that irreparable loss and damage may be suffered by the Foundation if Applicant should breach this obligation. Applicant agrees that, in addition to termination of the volunteer engagement and any other remedies provided by law or in equity, the Foundation will be entitled to a temporary restraining order and temporary and permanent injunctions to prevent a breach or contemplated breach of this obligation.

Mandatory Reporting of Child Abuse or Neglect. Applicant acknowledges and agrees that the Foundation will report to appropriate authorities any suspected instance of child abuse or neglect. Applicant agrees promptly to notify the Foundation if Applicant reasonably suspects any instance of child abuse or neglect.

No Pay/Termination. Applicant acknowledges and agrees that if Applicant is selected by the Foundation for a non-remunerative volunteer assignment, such selection is subject to termination by the Foundation at any time.

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

Print Name: \_\_\_\_\_