



Volunteer Interest Form

Please check one:

Duval County: _____ Please return to: Development Department, 4250 Lakeside Drive, Suite 116, Jacksonville, FL 32210 Phone: (904) 807-1203 • Fax: (904) 807-1220 • jlegons@agingtrue.org

Clay County: _____ Please return to: 604 Walnut Street, Green Cove Springs, FL 32043 Phone: (904) 284-3134 • Fax: (904) 284-0296

Date: _____ DOB: _____

Full Name (Last/First/Middle): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email address: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

List One Reference (Not a family member)

Name: _____ Phone Number: _____

Do you have any prior volunteer experience or special training? (Include read/write second language)

What days would you be available? _____ Hours? _____

Volunteer Activities - Below is a list of different activities we offer throughout the year to support Aging True programs. Please check any activities you are interested in:

Duval County:

- Administrative Support
- Serving at Cathedral Café
- Telephone Reassurance Program
- Pet Meals on Wheels Support
- Caregiver R.E.L.I.E.F
- Delivering Meals on Wheels (Preferred Zip Code: _____)
- Arts & Crafts
- Delivering Donated Items

Clay County:

- Meal Site Assistance
- Meals on Wheels
- Plan/Assist with Special Events
- Assist with Games/Bingo
- Assist in Adult Day Health Care
- Administrative/Clerical Support
- Guide Arts & Crafts or Exercise Class
- Personal Services (Hair/Nails)
- Other _____

I want to stay connected! Please add me to Aging True’s mailing list or e-communications!

- Mailing List
- E-communications

Our Mission: “Providing essential and innovative resources for individuals, families, and communities to prepare for and support graceful aging.”



Aging True Volunteer Release/Waiver of Liability and Authorization of Background Screening Form

This Release and Waiver of Liability executed on _____ (Date) by _____ (Volunteer) release Aging True, a non-profit corporation organized and existing under the laws of the State of Florida and each of its directors, officers, employees, and agents. The Volunteer desires to provide services for Aging True and engage in activities related to volunteerism.

The Volunteer understands that the scope of the relationship with Aging True is limited to a volunteer position and that no compensation is expected in return for services provided by the Volunteer and that Aging True will not provide any benefits traditionally associated with employment to the volunteer; and that the Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of the Volunteer's services to Aging True.

1. **Waiver and Release:** I, the volunteer, release and forever discharge and hold harmless Aging True and its successors and assigns from any and all liability, claims, and demands of whatever kind of nature either in law or in equity which arise or may hereafter arise from the services I provide to Aging True. I understand and acknowledge that the his Release discharges Aging True from any liability or claim that I may have against Aging True with respect to bodily injury, personal injury, illness, death, or property damage that may result from the services I provide to Aging True or occurring while I am providing volunteer services.
2. **Insurance:** Further, I understand that Aging True does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of Aging True beyond what may be offered by Aging True in the event of injury or medical expenses incurred by me.
3. **Medical Treatment:** I hereby Release and forever discharge Aging True from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with Aging True.
4. **Assumption of Risk:** I understand that the services I provide to Aging True may include activities that may be hazardous to me involving inherently dangerous activities. As a volunteer, I hereby expressly assume risk of injury or harm from these activities and Release Aging True from all liability.
5. **Photographic Release:** I grant and convey to Aging True all right, title, and interest in any and all photographs images, video, or audio recordings of me or my likeness or voice made by Aging True in connection my providing volunteer services to Aging True.

I hereby authorize Aging True and any agents thereof permission to perform a check of my background to include criminal history, driving record, and any other source as appropriate for the volunteer job I have expressed interest in. I understand that the information collected will be limited to that appropriate to my eligibility as a volunteer and all information will be kept confidential.

Printed Name: _____

Signed: _____ Dated: _____

Our Mission: "Providing essential and innovative resources for individuals, families, and communities to prepare for and support graceful aging."