



VOLUNTEER APPLICATION

Thank you for your interest in volunteering for the Lincoln Community Center Association, Inc. ("LCC")! Please fill out this volunteer application and drop it off at LCC or return it to Maggie Sink via email at msink@lcc Troy.org. **Please also note that prior to performing any volunteer work for LCC, you must undergo a background check at the Miami County Sheriff's Office.**

Personal Information:

Name _____ Email _____

Address _____

Phone Number _____ Date of Birth _____

Emergency Contact Name _____ Phone Number _____

Have you ever been convicted for violation of any laws, (excluding minor traffic violations)? Yes No

If yes, please explain: _____

I am interested in volunteering for the following types of activities:

- Youth Programs (After School Program, Summer Program, or Sports Programs)
- Activities & Event Support
- Maintenance & Housekeeping
- Gardening
- Other: _____

Please provide the name and contact information of three (3) references that we may contact:

Reference # 1 Name _____

Phone Number _____ Email _____

(For LCC use only) Date/time contacted by LCC Staff _____

Reference # 2 Name _____

Phone Number _____ Email _____

(For LCC use only) Date/time contacted by LCC Staff _____

Reference # 3 Name _____

Phone Number _____ Email _____

(For LCC use only) Date/time contacted by LCC Staff _____

YOU MUST ALSO COMPLETE THE RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ON THE REVERSE SIDE OF THIS APPLICATION

**VOLUNTEER RELEASE, WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AGREEMENT**

In consideration of being permitted to volunteer at or participate in any way with respect to any Event (as defined herein) organized by or taking place at the Lincoln Community Center Association, Inc., an Ohio non-profit corporation, located at 110 Ash Street, Troy, Ohio ("LCC"), I hereby agree to all of the terms of this Release, Waiver of Liability, Assumption of Risk, and Indemnity Agreement ("Agreement").

1. I desire to participate in and/or volunteer at an activity or event organized by or taking place at LCC, on the date set forth below or in the future (each an "Event").
2. I, on behalf of myself, my spouse, personal representatives, estate, heirs, next of kin, and assigns, hold harmless and release and discharge LCC, its governing board, officers, employees, staff, agents, volunteers, representatives, successors, and assigns (collectively referred to herein as the "Releasees"), from any and all claims, suits, causes of action, liabilities, and damages of any kind arising out of or in connection with this application or any Event, including, but not limited to, any and all claims for illness or injury to myself, including my death, or damage to any property of mine, whether caused by the negligence of any Releasee or otherwise.
3. I agree to indemnify and hold harmless the Releasees from any and all claims, suits, causes of action, liabilities, and damages of any kind arising out of or in connection with my performance of volunteer services hereunder, however caused and regardless of any acts or omissions of Releasees.
4. I agree to comply with all posted signs and rules of LCC and to comply with any instructions issued by LCC.
5. I give the Releasees permission to use my name, image, and/or likeness as such may be embodied in any digital recording(s), image(s), or any other media taken at any Event (collectively referred to herein as the "Media") and I hereby waive any right that I may have with respect to the Media and consent to the use of such Media for any purpose whatsoever, in any medium, including social media. I acknowledge and agree that I will not receive any compensation for the use of the Media and I understand and agree that any derivative works based on the Media shall be the sole property of Releasees.
6. I understand that I am responsible for my own safety while at any Event and that the Releasees have the right to remove any person suspected of not complying with any rules of the Event or provisions of this Agreement.
7. I understand that Releasees are not responsible for costs incurred for any medical care of mine and I assume all financial responsibility for any injuries sustained by me while at the Event and treatment and medical care thereof.
8. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.
9. I have read the LCC Volunteer Guidelines and agree to abide by all guidelines contained therein.
10. I intend this document to be as broad and inclusive as is permitted by the laws of the State of Ohio; if any portion hereof is held invalid, I agree the balance shall continue in full force and effect.

VOLUNTEER'S ACKNOWLEDGMENT OF UNDERSTANDING (ONLY COMPLETE IF 18 OR OVER):

I CERTIFY THAT ALL INFORMATION INCLUDED IN THIS APPLICATION IS ACCURATE. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY WITHOUT ANY INDUCEMENT. I, FOR MYSELF, MY SPOUSE, AND MY HEIRS DO RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES AS PROVIDED ABOVE.

Name: _____ Signature: _____ Date: _____

VOLUNTEERS UNDER 18 MUST HAVE A PARENT/GUARDIAN SIGN BELOW:

I, AS PARENT/GUARDIAN OF THE BELOW-NAMED MINOR, CERTIFY THAT ALL INFORMATION INCLUDED IN THIS APPLICATION IS ACCURATE. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY WITHOUT ANY INDUCEMENT. I FOR MYSELF, MY SPOUSE, MY CHILD, AND MY CHILD'S HEIRS DO RELEASE AND AGREE TO INDEMNIFY AND HOLD HARMLESS THE RELEASEES FROM ANY AND ALL LIABILITIES AS PROVIDED ABOVE.

Name of Minor: _____ Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____