



Mitchell Thorp Foundation

VOLUNTEER APPLICATION

Name: _____

Address: _____

City, State, Zip: _____

Telephone: (Home) _____ (Cell) _____

(Business) _____

E-mail Address: _____

Occupation: _____

For Students: School: _____

Grade: _____ Graduation Yr. _____

Parents Signature: _____ Date: _____
(Required for children 17 years of age or younger)

Areas of interest or special skills: _____

Type of Volunteer work you are interested in: _____

Volunteer work experience: _____

Is there a particular event you'd like to help with? _____

Which event? _____

Availability: Daytime() Evenings() Weekends() Anytime()



Mitchell Thorp Foundation

Volunteer Consent

By signing below, I confirm understanding and agreement to abide by the terms of the following sections, “Release of Liability,” “Confidentiality,” and “Insurance.”

Release of Liability

I hereby expressly assume all risks, including personal injury and death, arising in any way out of my participation as a Volunteer with the Mitchell Thorp Foundation.

I agree, for myself, my heirs, executors and administrators, to not sue and to release, indemnify and hold harmless, the Mitchell Thorp Foundation (including its affiliates, officers, directors, volunteers, employees and any other agents), whether it results from the negligence of any of the above or from any other cause.

If Participant is a minor, the parent or guardian must agree to the below:

I am the legal guardian of the Volunteer, and I hereby consent to his/her participation. I have read the foregoing release and indemnification agreement, and I hereby agree on behalf of myself and Participant to its terms.

Confidentiality

I understand and accept Mitchell Thorp Foundation policy of confidentiality which specifically requires me not to disclose a client’s name, problem or any other information that may come to my attention while performing any work on behalf of or for Mitchell Thorp Foundation.

Auto Insurance

I understand that the Mitchell Thorp Foundation does not provide automobile insurance for my vehicle, even during the time that I may use my personal vehicle to conduct MTF business. If my volunteer role includes use of my personal vehicle.

Name: _____

Signature: _____

Date: _____