

Home Assistance Partner Program of Ionia [HAPPI]

Volunteer Application [please print clearly]

Name:	
Address:	
Phone:	Cell Phone:
Driver's License:	Email:
Past Volunteer Work:	
Skills:	
What is your current/past employment?	
What are your hobbies or interest areas?	
Do you hold any employment license?	If, yes, which one[s]?

Times Available for Volunteer Work [check all that apply]

- Monday Tuesday Wednesday Thursday Friday Weekends
 Weekly Monthly
 9:00 a.m.–Noon Noon–4:00 p.m. 4:00 p.m.–9:00 p.m.

Please Check All of the Following of Interest to You that You Can Do:

- | | | |
|--|--|---|
| <input type="checkbox"/> Household Chores | <input type="checkbox"/> Home Repair | <input type="checkbox"/> Install Hand Rails |
| <input type="checkbox"/> Dish Washing | <input type="checkbox"/> Carpentry Type Repair | <input type="checkbox"/> Install Computer, TV Box |
| <input type="checkbox"/> Dusting | <input type="checkbox"/> Change Furnace Filters | <input type="checkbox"/> Minor Roof Repair |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Bathroom Modifications | <input type="checkbox"/> Lawn Care |
| <input type="checkbox"/> Personal Shopping | <input type="checkbox"/> Ramp Building | <input type="checkbox"/> Serve as "Go-fer" |
| <input type="checkbox"/> Vacuuming | <input type="checkbox"/> Repair Faucets | <input type="checkbox"/> Prepare aids for re-use |
| <input type="checkbox"/> Window Washing | <input type="checkbox"/> Replace Smoke Detectors | [walkers, stools, canes, wheel |
| | <input type="checkbox"/> Install Storm Doors | chairs, elec beds] |
| | <input type="checkbox"/> Weatherstripping | |

Describe how you believe you can help an elderly person who needs help at home. How can your skills/talents best be used?

Signature

Date

Signature Parent/Guardian [if under 18]

Return completed application to:
Ionia Commission on Aging
115 N Hudson Street
Ionia, MI 48846
Phone: 616-527-5365

HOME ASSISTANCE PARTNERS PROGRAM OF IONIA

Volunteer Liability Release and Assumption of Risk Agreement

I acknowledge that I have volunteered to participate, without pay, in the Home Assistance Partners Program of Ionia.

As consideration for being permitted by the Home Assistance Partners Program of Ionia to participate in said volunteer activities, I hereby agree that I, my assignees, heirs, distributees, guardians, and legal representatives will not make a claim against, sue, or attach the property of the County of Ionia, its elected and appointed officials, directors, officers, agents, employees, or volunteers for injury, illness, or damage resulting from my participation in said activities.

I certify that I am capable of performing physical activity, and that I have not been advised by a qualified medical professional not to participate in such activities. I declare that I have no history of illness or injury, nor am I currently using any substance, medicine, drug or alcohol, that may hinder my ability to participate in these activities.

I am voluntarily participating in volunteer activities with the Home Assistance Partners Program of Ionia, and I hereby acknowledge my voluntary and informed assumption of full responsibility and liability regarding any injuries that I may incur coincident to my participation in these volunteer activities. I hereby assume any and all risks associated with these activities and expressly waive, release, discharge and hold harmless the Home Assistance Partners Program of Ionia, and the County of Ionia, its elected and appointed officials, directors, officers, agents, employees, or volunteers, from and against any and all claims or demands that I, or my representatives, now have, or may hereafter have, for expenses, property damage, personal and bodily injuries, and/or death sustained arising out of, in association with, or related in any way to my participation in these activities. This release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I have carefully read this Volunteer Liability Release and Assumption of Risk Agreement and I fully understand its contents. I am aware that this is a release of liability and a legal contract between myself and Home Assistance Partner Program of Ionia and that it affects my legal rights. I am signing this document of my own free will.

PARTICIPANT'S SIGNATURE

Date: _____

PARTICIPANT'S NAME [please print]

PARENT/GUARDIAN WAIVER FOR MINORS (Under 18 years old)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her waiver, as provided above, and, for myself and my heirs, assigns, personal and legal representatives, and next of kin, hereby release and agree to indemnify and hold harmless the Home Assistance Partner Program of Ionia, and the County of Ionia, its elected and appointed officials, directors, officers, agents, employees, or volunteers, from any and all claims and liabilities incident to my minor child's/ward's involvement or participation in these volunteer activities to the fullest extent permitted by law.

Youth Volunteer's Name

Parent/Guardian's Name [please print]

Parent/Guardian's Signature

Telephone: _____ Date: _____