



131 Court Street, Suite 301
Elyria, Ohio 44035

ELYRIA WORKS NOW VOLUNTEER APPLICATION

SECTION I

Date _____

Name _____

Address _____ City _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ E-mail: _____

SECTION II

Previous Volunteer Experience _____

Occupation (Past occupation if retired): _____

Other information that will help us make a good match (such as education, general interests/hobbies)

SECTION III

Availability and Volunteer Assignment Preferences

Please Check All That Are Applicable:

I Am Available

<input type="checkbox"/> Mornings (Mon-Fri)	<input type="checkbox"/> Afternoons (Mon-Fri)	<input type="checkbox"/> Evenings (Mon-Fri)
<input type="checkbox"/> Weekends	<input type="checkbox"/> Once A Week	<input type="checkbox"/> More Than Once A Week
<input type="checkbox"/> One Time Only	<input type="checkbox"/> As Needed	<input type="checkbox"/> OTHER

I Could Serve More Than One Person: Yes/ No

SECTION IV Interests

Please check all that are applicable

What gift/s do you have that can help someone get ahead from their current situation?

- Provide transportation to/from work or other appointments related to EWN
- Serve as a mentor to EWN participants
- Provide tutoring services for EWN participants
- Facilitate peer to peer support group for EWN participants

SECTION V

Do You Have A Valid (State) Driver's License? Yes/ No

License Number: _____ Vehicle License Plate Number _____

Insurance Company: _____ Policy #: _____

Have You Ever Been Convicted For Violation Of Any Laws, Traffic Or Otherwise? Yes/ No

If Yes, Please Explain: _____

Do You Have Any Physical Condition that May Limit Your Activities? Yes/ No

If Yes, Describe: _____

Who To Notify In Case Of An Emergency? _____

Telephone Number: _____

SECTION VI Notices

1. **Damage:** City shall not be liable to Volunteer for any damage or destruction of Volunteer's property. City shall not be liable for any inconvenience suffered by Volunteer as a result of any casualty causing damage to or destruction of the Real Property.
2. **Waiver of Claims:** Volunteer waives any and all claims, actions, causes of action, or demands for damages that Volunteer may acquire against the City or its elected or appointed officials or its employees on account of injury, death, or damages sustained or arising out of or in any manner connected with Volunteer's activities authorized under this Agreement, included but not limited to the conditions of the Real Property and the acts or omissions of the City, its elected and appointed officials, employees, agents, invitees, or licensees. As between the parties, Volunteer waives any constitutional or statutory immunity derived from compliance with the Workers' Compensation laws of the State of Ohio for damages at common law or by statute for any injury, occupational disease, or bodily condition received or contracted by any of Volunteer's agents, employees, invitees, or licensees in the course of or arising out of their employment or acting in consort with the Volunteer incidental to, either directly or indirectly, the use, occupancy of the Real Property, or exercise of Volunteer's privileges or obligations under this Agreement.
3. **Indemnification:** Volunteer shall defend, indemnify and hold the City, its elected and appointed officials, employees, and agents harmless from and against any and all losses and damages, including reasonable attorney fees and court costs, by reason of any claims, demands, or actions that may at any time during the term of this Agreement or thereafter be made or brought against the City by any person, firm or corporation, in any capacity whatsoever, arising out of or incurred in connection with, in any way, Volunteer's obligations under this Agreement or Volunteer's use of the Real Property, or any act of or by Volunteer or any of Volunteer's agents, invitees or representatives or employees, including but not limited to expenses, legal or otherwise, that may be incurred in defending or preparing to defend any such claim, demand, or cause of action, and against any loss or damage arising from such claim, demand, or cause of action.

SECTION VI References

Please list three persons we may call who are NOT family, one of whom may be your religious or spiritual leader, teacher, employer or relationship other than personal friend.

Name _____ Phone _____
Address _____
Relationship _____

Name _____ Phone _____
Address _____
Relationship _____

Name _____ Phone _____
Address _____
Relationship _____

Comments:

I hereby give my consent to contact my references; to contact my employers, past and present; and to conduct a background check.

Additionally, the undersigned declares that he or she is a voluntary participant in the City of Elyria's "Elyria Works Now" program and activities. He or she hereby waives and relinquishes all rights to workers' compensation benefits under Chapter 4123 of the ORC for any injury or disability incurred while participating in the above activities or programs. This waiver is valid for 2 years.

Signature of Applicant

Date

Please return completed form to:

Elyria Works Now
131 Court Street, Suite 301
Elyria, Ohio 44035