**Brazos County Health District Volunteer Application**

Today’s Date

Last Name First Name Middle Initial

Current Address City State Zip Code

Home Telephone Cell Telephone E-mail Address

Education/Special Training Highest Grade Level/Degree Completed

Are you at least 18 years of age? Yes\_

No

Have you ever been convicted (found guilty) of a crime (including probation, community supervision or deferred adjudication), or are there any pending criminal charges awaiting a hearing in a court of law? Do not list any criminal charges for which records have been expunged.

Yes\_

No

If you answered YES, please describe all convictions, when they occurred, the facts and circumstances involved, and information pertaining to rehabilitation.

**Volunteer Experience**: (List most recent service position)

Position:

Agency:

Date:

Supervisor Name: Phone:

**Duration of Volunteer Services:** Please specify the date(s), days (Monday – Friday) and hours available.

**Position:** Please tell us the type of volunteer work that interests you.

If the Applicant wishes to volunteer in the District’s Emergency Preparedness and Response Division, proof of citizenship will be required.

**Emergency Contact:** In the event of an emergency, please list the person you would want notified.

Name Relationship

Home Telephone Number Business Telephone Number Cellular Phone Number

# Volunteer Agreement and Waiver of Liability

I voluntarily assume full responsibility for any risk of loss, property damage or personal injury that may be sustained by me by participating in such activity.

# FOR MYSELF, MY HEIRS, ASSIGNS, REPRESENTATIVES AND ANYONE ELSE CLAIMING ON BEHALF OF OR THROUGH ME, I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE BRAZOS COUNTY HEALTH DISTRICT (the “DISTRICT”), AND ITS OFFICERS, SERVANTS, AGENTS, OR EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION (INCLUDING CLAIMS FOR COURT COSTS AND ATTORNEY’S FEES) WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR TO ANY PROPERTY BELONGING TO ME, WHETHER CAUSED BY THE NEGLIGENCE OF THE DISTRICT OR OTHERWISE, WHILE VOLUNTEERING, OR WHILE IN, ON OR UPON ANY DISTRICT PREMISES. I FULLY UNDERSTAND THAT WORKER’S COMPENSATION INSURANCE DOES NOT INSURE ME AND HEREBY WAIVE ALL CLAIMS OR CAUSES OF ACTION FOR PHYSICAL INJURY OR ILLNESS THAT MAY ACCRUE BY VIRTUE OF MY SERVICE TO AND FOR THE DISTRICT.

In the event that I am placed as a volunteer with the District, I understand that I will be required to comply with all of the District’s rules, policies and regulations including, but not limited to, all HIPAA requirements.

I understand that if I wish to volunteer in the medical services departments of the District the following information must be provided:

1. Proof of current vaccines (must submit Immunization Record) of the following:
   1. Current Influenza
   2. Tdap
   3. HepB
   4. MMR (Born in 1957 or later)
   5. Varicella
2. Proof of current TB Skin Test
   1. If not current, TB Skin Test will be required on 1st day of volunteer assignment at personal cost.
   2. If necessary, follow-up will be required at personal expense
3. Copy of the following if applicable:
   1. CPR Certification
   2. Driver’s License
   3. Professional License(s)/Certification(s)

I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, the District has the right to terminate my services as a volunteer at any time, with or without notice.

I specifically acknowledge that:

* I shall receive no compensation whatsoever for performing work for and on behalf of the District. All activities observed, undertaken or performed by me shall be performed without promise, expectation or receipt of compensation for services rendered and without expectation, promise, or representation, expressed or implied, of employment with the District.
* During my service for and on behalf of the District I may be privy to confidential and sensitive information. I understand and agree that privileged and confidential information shall not be repeated, disseminated or disclosed by me in any manner and that if I breach the confidentiality of the District, my services as a volunteer will be terminated, and that I may be subject to civil and/or criminal sanctions.

# Volunteer Acknowledgement

By signing below, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducement, apart from the foregoing written agreement, have been made; I am fully competent; and I execute this agreement for full, adequate and complete consideration fully intending to be bound by the same.

The statements made by me in this application are true and complete to the best of my knowledge, and I understand it is subject to verification by the District. I understand that any false information, omissions of facts or misrepresentations may disqualify me from volunteer work with the District or immediate release from volunteer work.

# Applicant’s Signature:

**Date:**