

Project N. A. D. I. N. E.

National Advocates on Deafness to Inform, Network and Enrich

Volunteer Application Form

Name _____ Date _____

Address _____

City _____ State _____ ZIP Code _____

Daytime Phone Number: _____ VP: _____

Email address(s) _____

Contact Person (in case of emergency) _____

Contact's Phone Number _____

On a separate piece of paper, please write or type your responses

List past work experience (including volunteer work). Highlight the experience that you feel might be applicable to Project N.A.D.I.N.E. (you may continue on back of page if necessary).

List other skills and special knowledge or education you have which might be beneficial to Project N.A.D.I.N.E. (you may continue on back of page if necessary).

Why are you interested in Project N.A.D.I.N.E.?

Is there particular work you're interested in?

Would you prefer to have a regular work schedule or work on special projects with a more flexible time frame?

Are there days or times of days when you would prefer to work?

How many hours per week/month would you have to give to N.A.D.I.N.E.?

Please give the names, addresses, and phone numbers for 2 references.

If you have any health limitations, please explain.

Release of Liability Statement

I, for myself and my heirs, executors, administrators and assigns, hereby release, indemnify and hold harmless Project N.A.D.I.N.E. (National Advocates on Deafness to Inform, Network and Enrich) the organizers, sponsors, supervisors and staff. From all liability for any and all risk of damage or bodily injury or death that may occur to me (including any injury caused by negligence), in connection with any volunteer effort in which I participate. I likewise hold harmless from liability any person transporting me to or from any activity. In addition, officials have permission to utilize any photographs or videos taken of me for publicity or training purposes. I will abide by all safety instructions and information provided to me.

Further, I expressly agree that this release, waiver, and indemnity agreement is intended to be as broad and inclusive as permitted by the State of Oklahoma, and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

I have no known physical or mental condition that would impair my capability to participate fully, as intended or expected of me.

I have carefully read the foregoing release and indemnification and understand the contents thereof and sign this release as my own free act.

Signature _____ Date _____

Guardian, if under 18 _____ **Date** _____

Please mail to:

Project N.A.D.I.N.E.
PO Box 7
Edmond, OK 73083

(Below to be filled out by N.A.D.I.N.E. Staff)

Reviewer _____ **Date** _____

Approved? _____

If Denied please explain:

Signature _____ Email _____