

Current through December 31, 2014



## Special Events Volunteer Application

_____			
<b>First name</b>	<b>Last</b>		
_____			
<b>Phone number</b>	<b>Email address</b>		
_____			
<b>Mailing address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
_____		_____	_____
<b>Name of group you are representing</b>		<b>Date(s) / months you plan to volunteer</b>	
_____		_____	
<b>Name of person to contact in case of emergency</b>	<b>Phone number</b>	<b>Relationship</b>	
_____	_____	_____	

**Yes, I would like additional information on volunteer opportunities with Northland Hospice and Palliative Care.**

In connection with my voluntary involvement in activities undertaken for, and with the participation and support of Northland Hospice and Palliative Care, a non-profit organization, I hereby agree, for myself, my heirs, assigns, executors, and administrators to release and discharge Northland Hospice and Palliative Care, its officers and directors, employees, agents, and volunteers from all claims, demands and actions for injuries sustained to my person and/or property as a result of my involvement in such activities, whether or not resulting from negligence, and I agree to release and hold Northland Hospice and Palliative Care, its officers and director, employees, agents and volunteers harmless from any cause of action, claim, or suit arising there from. I hereby attest that my attendance and involvement in such activities is voluntary, that I am participating at my own risk, and that I have read the foregoing terms and conditions of this release.

With my signature on this document I acknowledge and agree that information obtained through my affiliation with Northland Hospice and Palliative Care is confidential. This includes, but is not limited to, any information related to specific families and/or pertaining to the internal workings of Northland Hospice and Palliative Care, that I have obtained in the course of carrying out my duties as a Board Member, volunteer, contractor or employee.

I agree to use confidential information only as needed to perform my legitimate duties as an employee, Board Member, contractor or volunteer affiliated with Northland Hospice and Palliative Care. I will not misuse confidential information or carelessly handle confidential information.

_____	_____	
<b>Volunteer Signature</b>	<b>Date</b>	
_____		
<b>Parent/Guardian Signature</b>	<b>Parent/Guardian Printed name</b>	<b>Date</b>
<b>(required if volunteer is under 18 years of age)</b>	_____	_____

For office use  
Date received: \_\_\_\_\_

By: \_\_\_\_\_

Northland Hospice and Palliative Care  
452 N. Switzer Canyon Drive  
Flagstaff, Arizona 86001  
(928)779-1227