

**Westside Ministries – Housing
Volunteer Application**

Date of Application: _____

Full Name: _____ Prefer to be called: _____

Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

E-mail: _____

Address:
Street: _____

City: _____ State: _____ Zip+4: _____

Emergency Contact:

Name _____ Relationship: _____

Phone: Home: (____) _____ Work: (____) _____ Cell: (____) _____

Street: _____ City: _____ State: _____ Zip: _____

Position desired: _____

General rehab Special skill(s): _____

(Professionally Licensed as: _____)

Times Available: *(Circle all that apply)*

	Mon	Tue	Wed	Thu	Fri	Sat
From:	_____	_____	_____	_____	_____	_____
To:	_____	_____	_____	_____	_____	_____

References:

Name	Phone	E-mail	Relationship	Years

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Do you have any health constraints in doing physical work in rehab conditions?

How did you hear about Westside Ministries – Housing? *(Circle all that apply)*

Family/Friend Church Radio/TV Print Media Other: _____

What do you expect from this experience?

I understand that I am working in a Christian ministry. I am comfortable being seen as a representative of Westside Ministries while working here (initials): _____

I certify that I am a legal resident of the United States: (initials) _____

Additional comments:

Please attach a copy of your driver's license or other government-issued identification.

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Permissions:

I give permission to Westside Ministries – Housing to contact the references listed in this application.

I certify that the answers given are true and complete to the best of my knowledge. I agree that any omissions or misstatements are grounds for rejection of my application and termination of my relationship with Westside Ministries – Housing.

Signature: _____

Name (print): _____

Date: _____

Fax your application to:

*Cornelia Dohse-Peck
Director, Westside Ministries – Housing
Fax number: (716) ____-____*

Or mail it to:

*Cornelia Dohse-Peck
Director, Westside Ministries – Housing
184 Barton St.
Buffalo, NY 14213-1573*

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Release and Waiver of Liability for Volunteers

You must have a signed “Release and Waiver of Liability” on file in order to participate in Westside Ministries – Housing volunteer work. Please print or type all requested information in the spaces provided.

PLEASE READ THIS WAIVER COMPLETELY. IT IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the “Release”) is hereby executed on this _____ day of _____, 20____, by _____ (the “Volunteer”) with regard to Westside Ministries - Housing, a subsidiary of Westside Ministries, Inc., a non-profit corporation under the laws of the State of New York, and its directors, officers, employees and agents (collectively, “Westside Ministries”).

I, _____, hereby apply to volunteer with Westside Ministries – Housing. I understand that this may include, but is not limited to, rehabilitating and repairing residential buildings, office and professional buildings, related structures, and other construction-related activities. I hereby freely and voluntarily execute this Release as follows:

1. Waiver and Release. I, the Volunteer, release and forever discharge and hold harmless Westside Ministries - Housing and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for Westside Ministries - Housing.

I understand and acknowledge that this Release discharges Westside Ministries - Housing from any liability or claim that I, the Volunteer, may have against Westside Ministries - Housing with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation in its housing rehabilitation program, whether caused by the negligence of Westside Ministries - Housing or its directors, officers, employees, or agents or otherwise. I also understand that Westside Ministries - Housing does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

2. Insurance. I, the Volunteer, understand that, except as otherwise agreed to by Westside Ministries - Housing in writing, Westside Ministries - Housing does not carry or maintain health, medical or disability insurance coverage for any volunteer. Westside Ministries - Housing’s Board of Directors requires all volunteers to have appropriate medical insurance, as determined by Westside Ministries - Housing in its sole discretion. I understand that insurance costs are the responsibility of the Volunteer.

3. Medical Treatment. Except as otherwise agreed to by Westside Ministries - Housing in writing, I hereby release and forever discharge Westside Ministries - Housing from any claim whatsoever which arises or may hereafter arise related to any first-aid treatment or other medical services rendered in connection with an emergency during my time with Westside Ministries - Housing.

4. Assumption of the Risk. I understand that my time with Westside Ministries - Housing will include activities that are inherently hazardous, including, but not limited to, demolition and construction activities, loading and unloading materials and equipment, and related activities.

I hereby expressly and specifically assume the risk of injury or harm in these activities and release Westside Ministries - Housing from all liability for injury, illness, death or property damage resulting from the activities of my time with Westside Ministries - Housing.

5. Photographic Release. I grant and convey unto Westside Ministries - Housing all right, title, and interest in any and all photographic images and video or audio recordings made by Westside Ministries

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- Housing during my work for Westside Ministries - Housing, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. Other. I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this Release shall be governed by and interpreted in accordance with the laws of the State of New York. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I sign here with a witness.

Volunteer:

Name: (print) _____

Signature _____

Address _____

Date _____

Witness:

Name: (print) _____

Signature _____

Phone (H)_____ (W)_____ (M)_____

Date _____