



Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Age: \_\_\_\_\_

**FOR VOLUNTEERS 18 AND UNDER:**

Parent First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Disclaimer, Waiver and Signature**

I certify that my answers are true and complete to the best of my knowledge.

Family Services of Westchester is authorized to investigate any information contained here or information related to my background. My statements and answers to the foregoing are true and complete to the best of my knowledge.

I verify that the information provided is accurate to the best of my knowledge. I understand that the organization will use confidential information only as it relates to my volunteer application.

As a volunteer of FSW, I agree to abide by its policies and procedures. I understand that being under the influence of or impaired by alcohol or illegal drugs while on FSW property or engaged in FSW business is prohibited and may result in my release.

I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for or any liability for any



accident, injury or health problem which may arise from any volunteer work I perform for the organization.

I hereby indemnify and Hold Harmless FSW, their directors, officers, employees, volunteers, representatives, and agents from any and all liabilities or claims made as a result of volunteering at the agency, whether caused by the negligence of releases or otherwise.

**I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### **Parent/Guardian Waiver for Minors (Under 18 Years Old)**

The undersigned parent or legal guardian does hereby represent that she or he is, in fact, acting in such capacity and agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent's First and Last Name (print):** \_\_\_\_\_