

DRAFT

THE TANASI CENTER OF NORTHEAST TENNESSEE, INC.

**Tanasi Volunteer Application, Release and Waiver of Liability Form
(Please Print)**

Last Name: _____ First Name: _____

Middle Name: _____ Maiden Name: _____

Residence Address: _____

Contact information:

Telephones: Residence: _____ Cell: _____ Business: _____

Email: _____

Emergency Contact: _____
(Name, Telephone No.s, Relationship)

Please identify any family or friends who are or were Tanasi Volunteers: _____

Please specify days and hours when you will be able to volunteer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

Holidays only (specify) _____

Please specify any physical limitations you have so we can attempt to accommodate them:

If no limitations are listed it will be assumed that you are physically able to meet the physical requirements of the volunteer position. Please advise Tanasi at any time should you develop a limitation or discover that you cannot perform the requirements of the position.

Do you understand and agree that this is not a job and that there is no compensation for this volunteer position? Yes ___ No ___

Please list your past or current volunteer experiences: (Use additional paper as needed)

Organization: _____ Duties: _____ Mo/Yr. to Mo/Yr. _____

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Have you ever been convicted of a crime? No ___ Yes ___ if yes, please describe: _____

Do you understand that as a Tanasi volunteer you control the days and hours that you perform any volunteer work and that you are not entitled to any benefits which an actual employee of Tanasi might have and do you agree with these statements? Yes ___ No ___

Do you agree that as consideration for volunteering with The Tanasi Center of Northeast Tennessee, Inc. that you, your heirs, personal representatives, assigns and legal representatives will not make a claim against or bring legal action against The Tanasi Center of Northeast Tennessee, Inc. for negligence, active or passive, or other acts, however caused, by any of its officers, directors, agents, employees, contractors or those operating on its behalf as a result of your volunteering? Yes ___ No ___

I HEREBY RELEASE AND DISCHARGE TANASI, ITS OFFICERS, EMPLOYEES, AGENTS AND CONTRACTORS AND THE CITY OF UNICOI, TENNESSEE FROM ALL ACTIONS, CLAIMS OR DEMANDS THAT I, MY HEIRS, GUARDIANS, AND LEGAL REPRESENTATIVES NOW HAVE OR MAY HAVE IN THE FUTURE FOR INJURY OR DAMAGE RESULTING FROM MY PARTICIPATION WITH TANASI AS A VOLUNTEER. I FURTHER UNDERSTAND THAT IN THE COURSE OF MY WORK AS A VOLUNTEER I AM NOT COVERED BY ANY WORKER'S COMPENSATION THAT TANASI MAY HAVE.

I do authorize Tanasi to seek emergency medical treatment on my behalf in case of injury, accident or illness to me arising from my involvement as a volunteer. I understand that I will be responsible for any medical costs associated with such accident, illness or injury.

I agree to follow and abide by the rules and regulations of The Tanasi Center of Northeast Tennessee, Inc. currently in existence or formulated in the future. I understand that as a volunteer I have no authority to either bind or represent The Tanasi Center of Northeast Tennessee, Inc. entity with regard to third parties nor give the impression of any such authority and therefore I acknowledge that I have no authority to enter into any agreement or contract on behalf of The Tanasi Center of Northeast Tennessee, Inc.

I have carefully reviewed the information supplied above which is complete, true and correct and I have carefully read the release of liability and understand it and execute this document and agreement of my own free will.

Date

Volunteer Signature

Printed Name

Date

Tanasi Representative Signature

Printed Name

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