



Mission Statement

HART is devoted to supporting the lives of those facing obstacles in Highland, IL and the surrounding area.

Our mission is to be an advocate for those individuals and their families and provide them with volunteer, educational, and financial support.

Volunteer Survey/Application

NAME: _____ **CONTACT NUMBER:** _____

E-MAIL: _____ **BEST TIME TO CONTACT** _____

ADDRESS: _____

Social Security Number: _____ (For background check only)

SERVICES I would like to volunteer for: *(Place an "X" by those you would like to help with)*

- _____ Home repair/light maintenance: clean gutters, fix faucets, change lights, mow lawn, landscaping...
- _____ Cleaning: general house cleaning, laundry, wash windows...
- _____ Light construction: build handicap ramp, fix furniture, make steps, install grab bars...
- _____ Car maintenance: change oil, wash car, fix flat, change windshield wipers...
- _____ Finance Assistance: Help with reviewing medical bills, paying bills, budgeting...
- _____ Babysitting children/helping children with homework
- _____ Sitting with friend in need
- _____ Taking care of pet: walk dog, feed pets, take pet to the vet...
- _____ Running errands: pick up medications, grocery shop, go to dry cleaners...
- _____ Reading to friend in need
- _____ Cooking/organizing meals
- _____ Other _____
- _____ Other _____
- _____ Other _____

SUPPORT I would like to volunteer for: *(Place an "X" by those you would like to do)*

- _____ I have background in counseling, can provide emotional support for patient and family.
- _____ I like to do research, I can help find resources for individuals that need help
- _____ I have been through _____ *(disease, circumstance)* and would be willing to share my experience.
- _____ Sending notes of encouragement
- _____ Other _____

AVAILABILITY: Please check which is best for you to volunteer

Mornings Afternoons Evenings Varies

How often would you be interested in volunteering? _____

(How many hours per week, month year, etc.?)

FUNDRAISING: I would like to volunteer to: *(Place an "X" by those you would like to do)*

Help coordinate fund raising events Coordinating and working events (both)

Work fund raising events

SPECIFIC CONCERNS : I am specifically good at the following and would like to offer this talent:

CLIENT PREFERENCES:

Male Female Children Elderly No preference

VOLUNTEER SCREENING: All volunteers will need to supply or agree to the following:

1. Provide Driver's License/Proof of ID
2. Provide copy of Insurance
3. Sign release of liability

CONSENT AND AUTHORIZATION TO BACKGROUND CHECK:

I, _____, hereby authorize HART to investigate my background and qualifications for purposes of evaluating whether I am qualified to perform the volunteer services for which I am applying. I understand that HART will utilize an outside firm or firms to assist it in checking and verifying such information, and I specifically authorize such an investigation by information services and outside entities of the HAER's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application will not be processed further.

Date: _____

Signature of Applicant

Do you know of anyone who is going through an illness/treatment/injury that would need our support?

Name: _____ Situation that would warrant assistance: _____

Contact Information of possible recipient: _____

Please submit your application to: HART – Highland Area Resource Team

Brenda Plocher, President, 2893 Thole-Plocher Rd. Highland, IL 62249

Or E-mail it to: hartofhighland@gmail.com, Find us at: www.hartofhighland.com, or call (618)781-4073

All information will be kept strictly confidential.

Release of Liability

I, _____ (the "Participant") with full knowledge of the risk of injury while participating in any activity associated with Highland Area Resource Team (HART) (the "Activity"), and as consideration for the right to participate in the Activity, I hereby, for myself, my heir, executors, administrators, or personal representatives, or assigns, knowingly and voluntarily enter into this waiver and release of liability and hereby waive any and all rights, claims or causes of action of any kind whatsoever arising out of my participation in the Activity, and do hereby release and forever discharge HART, located at _____, its affiliates, directors, managers, members, agents, attorneys, staff, volunteers, heirs, representatives, predecessors, successors and assigns, for any physical or psychological injury, including but not limited to illness, paralysis, death, damages, economical or emotional loss, that I may suffer as a direct result of my participation in the aforementioned Activity, including traveling to and from an event related to this Activity.

I am voluntarily participating in the aforementioned Activity and I am aware of the risks associated with traveling to and from as well as participating in the Activity, which may include, but are not limited to physical or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability (including paralysis), economic or emotional loss, and death. I understand that these injuries or outcomes may arise from my own or other's negligence, conditions related to travel, or the condition of the Activity locations(s). Nonetheless, I assume all related risks, both known or unknown to me, of my participation in the Activity, including travel to, from and during this Activity.

I agree to indemnify and hold harmless HART against any and all claims, suits or action of any kind whatsoever for liability, damages, compensation or otherwise brought by or against me or anyone on my behalf, including attorney's fees and any related costs. If HART incurs any of these types of expenses, I agree to immediately reimburse HART for such expenses.

I acknowledge that HART and its directors, officers, volunteers, participants, representatives and agents are not responsible for errors, omissions, acts or failures to act of any party or entity on behalf of HART.

I am aware and understand that I should carry my own health insurance and that HART is not financially responsible for my failure to do so. Additionally, I acknowledge and agree that I shall carry and provide my own automobile and general liability insurance coverage, in such amounts as are appropriate to protect and insure me against any and all risks associated with my participation in the Activity.

This Release of Liability was executed by me, without duress or coercion, and shall be interpreted based on the strict language, contained, herein, and in accordance with the purposes for which it is entered into.

In the event that any Court determines that any provision contained within the Release of Liability shall be deemed to be severable or invalid, or if any term, condition, phrase or portion of the agreement shall be determined to be unlawful or otherwise unenforceable, the remainder of this Release of Liability shall remain in full force and effect, so long as the clause severed does not affect the intent of the parties. In such a case said provision shall be deemed to be written, construed and enforced as so limited.

In the event of an emergency, please contact the following person(s) in the order presented:

Emergency Contact	Contact Relationship	Contact Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____

I the undersigned Participant, affirm that I am of the age 18 years old or older. I certify that I have read this Release of Liability, and that I fully understand its content. I further certify that I am aware that this is a Release of Liability and that I am knowingly signing this Release of Liability of my own free will.

Participant's Name: _____

Participant's Address: _____

Signature: _____

Date: _____

Parent/Guardian Waiver For Minors

In the event that the participant is under the age of consent (18 years of age), then this Release of Liability must be signed by a parent or guardian as follows:

I hereby certified that I am the parent or guardian of _____, the above named Participant, and do hereby give my consent to and acknowledge the terms of the foregoing Release of Liability, without reservation, on behalf of this individual.

Parent/Guardian Name: _____

Relationship to minor: _____

Signature: _____

Date: _____