



STUDENT VOLUNTEER APPLICATION | LIABILITY & RELEASE FORM

Student First and Last Name: _____

Address: _____

Email Address: _____ Mobile Phone Number: _____

Age: _____ Date of birth: _____ School grade: _____ School: _____

Languages spoken & special skills: _____

Do you have any physical limitations? _____

Can you lift 25-40 pounds? ☐ Yes ☐ No

What is your general availability during the school year and summer:

School year: ☐ Wednesdays 3:30 p.m. – 6:30 p.m. ☐ Thursdays 3:30 p.m. – 6:30 p.m. ☐ Saturdays 8:30 a.m. – 12:30 p.m.

Summer: ☐ Wednesdays 3:30 p.m. – 6:30 p.m. ☐ Thursdays 3:30 p.m. – 6:30 p.m. ☐ Saturdays 8:30 a.m. – 12:30 p.m.

Are you volunteering to fulfill a requirement?

☐ Honor Society ☐ Civics ☐ Graduation ☐ Religious ☐ Court Mandated ☐ Other _____

Voluntary Participation

I acknowledge that I have voluntarily agreed to participate in the Neighbor to Neighbor (“NTN”) volunteer program ("Program"). I understand that volunteers are not paid for their services, are not covered by NTN’s medical or insurance policies, and are not eligible for Workers’ Compensation benefits.

Release of Liability

In consideration of the opportunity to participate in the Program, I agree that I, my assignees, heirs, and legal representatives will not hold NTN, its affiliates, officers, directors, or volunteers liable for any injury, death, or damage to property arising from participation in the Program. I waive and release any rights, claims, or causes of action related to such incidents.

Photo Release Check One: ☐ Granted ☐ Denied

I consent for NTN or its authorized representatives to use photographs, recordings, or similar media of me for promotional purposes.

Travel Consent Check One: ☐ Granted ☐ Denied

I agree to participate in local area donation pick-ups, traveling in an NTN van with staff and at least one other volunteer.

Client Check One: ☐ Confirm ☐ Deny

My household is a client of Neighbor to Neighbor and shops in the Pantry/Essentials Room.

➔ **Student Signature (ink or e-signature):** _____

Parent/Guardian First & Last Name: _____ Relationship to You: _____

Address: _____

Email Address: _____ Mobile Phone Number: _____

➔ **Parent/Guardian Signature (ink or e-signature, if under 18):** _____

*** Volunteers under age 14 require a chaperone.*

Emergency Contact First & Last Name (if different from Parent/Guardian): _____

Phone Number: _____ Relationship to You: _____

Save your application file with the following naming format before emailing your file to skeshwani@ntngreenwich.org

“ Last Name, First Name Student Volunteer Application ”