



STUDENT VOLUNTEER APPLICATION | LIABILITY & RELEASE FORM

Student First and Last Name: _____

Street Address: _____ City, State, Zip Code: _____

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

Are you volunteering to fulfill a requirement?

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

READ CAREFULLY AND COMPLETE EACH SECTION

Voluntary Participation Check One: ☐ Affirm ☐ Deny

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 Check One: ☐ Affirm ☐ Deny

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.

Cell Phone Policy Check One: ☐ Affirm ☐ Deny

I affirm that I will not use my cellphone during my volunteer shift except in an emergency, and understand that if I am asked more than once to put it away, I will not receive credit for my hours that day.

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 Policy Check One: ☐ My family is a client ☐ My family is not a client

At this time, we are unable to accept volunteers whose families are our client and receive food or essentials assistance from NtN.

➔ Student Signature: _____ Date: _____

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

Street Address: _____ City, State, Zip Code: _____

Email Address: _____ Mobile Phone Number: _____

➔ Parent/Guardian Signature: _____

*** Volunteers under age 14 are approved on a case by case basis and require a chaperone.*

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

Phone Number: _____ Relationship to You: _____

Save your application file name as "Last Name, First Name Student Volunteer Application"

Email your application to jgrippe@ntngreenwich.org