

	Informatio	n						
Name:						D.L. #		
Address:						License Type:		
City, State, Zip:					Numbe	Number:		
Phone:								
Email:					Commi	Community Service Docket #:		
D.O.B:								
In which are	ea would vou	like to volun	teer?					
winch are	ca would you	inc to voidir						
☐ Gifts In I	Kind 🗌 Cre	ative Reuse C	Center 🗌 Stor	e Organizer	☐ Office [☐ Communit	y Service	
				5			,	
Other:								
Volunteer	Hours - I w	ould like to v	olunteer on th	ese days and	l times			
	Monday	Tuesday	Wednesday	Thursday	Friday	Caturday	Cunday	
	Monday	Tuesday	veullesday	Titursuay	Friday	Saturday	Sunday	
Morning								
Morning Afternoon								
Afternoon								
Afternoon Evening	v Contact							
Afternoon	y Contact							
Afternoon Evening	y Contact							
Afternoon Evening	y Contact							
Afternoon Evening Emergency	y Contact							
Afternoon Evening Emergency Name: Address:								
Afternoon Evening Emergency Name: Address: City, State,	Zip:							
Afternoon Evening Emergency Name:	Zip:							

If you have any questions about Stardust Building Supplies, its affiliate programs or this application please email volunteer@stardustbuilding.org



RELEASE AND WAIVER OF LIABILITY

I,, by execution of this Release and Waiver of Liability
do hereby confirm that I have voluntarily agreed to provide my labor services and assistance to Stardus Non-Profit Building Supplies and its affiliate programs. I understand that I will not be compensated for my work and that Stardust Non-Profit Building Supplies will not provide any medical, workman's compensation or liability insurance coverage should I be injured while providing my labor. I recognize the inherent risk of physical injury to myself and to my property, should I provide any, that could result from participating as a volunteer at, or while traveling to and from, the designated job site with Stardus Non-Profit Supplies. I am volunteering and agree for myself, my heirs, assigns, and executors to hold Stardust Non-Profit Supplies, its officers, directors, employees, agents and volunteers harmless and do hereby waive any claims which may hereafter accrue to or be initiated against Stardust Non-Profit Supplies, its officers, directors, employees, agents and volunteers for any bodily injury, including death, or injury and/or damage to my property incurred by or to me while performing as a volunteer for Stardust Non-Profit Supplies.
IN CONSIDERATION OF MY VOLUNTEER APPLICATION, I hereby agree to be bound by the terms of this release and take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:
I HEREBY WAIVE, RELEASE AND DISCHARGE Stardust Non-Profit Supplies and/or its officers, directors, employees, agents, representatives and activity or event volunteers from any and all liability, including but not limited to, liability arising out of negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me or my property.
I HEREBY AGREE TO INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO PURSUE LEGAL ACTION against the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of my participation in the Stardust Non-Profit Supplies volunteer project.
I acknowledge that there is always a possibility of damage to me and/or my personal property and a possibility of personal injury to me or other members of my family regardless of how we supervised the project is and I agree to assume any and all of these risks.
I understand, that to ensure the safety of the clients, background checks of all volunteers are performed before they are cleared to serve.
I further understand that I may be photographed during the course of providing my services and I agree to allow my photo, video or film likeness to be used for any legitimate purposes by Stardust Non-Profit Supplies, the event holders, producers, sponsors, organizers and/or assigns.



I acknowledge that I am volunteering my time to assist clients with various needs. I do
this of my own free will.
Under no circumstances will I give out my personal contact information (phone numbe email address, business information, website URL and/or home address).
Under no circumstance will I give a bid for future work for compensation with clients w have volunteered our time to.
This waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.
I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE
THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT, AND I SIGN IT OF MY OWN FREE WILL.
Volunteer Signature Date
Witness Signature Date

480-668-0566 • Fax: 480-668-0256 • info@stardustbuilding.org

www.stardustbuilding.org