

THE
Gifted
GOWN

**VOLUNTEER
INFORMATION
PACKET**



VOLUNTEER APPLICATION

The Gifted Gown encourages the participation of volunteers who support our mission. If you agree with our mission and are willing to be trained in our procedures, we encourage you to complete this application. The information on this application will be kept confidential and will be used to help us find the best volunteer opportunity(s) for you.

Thank you for your interest in The Gifted Gown!

Name: _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Phone:** _____ **Email:** _____

Employer: _____ **Position:** _____

Any special talents or skills you have that you feel would benefit our organization?

Please tell us in which areas you are interested:

Volunteering ___ Administration ___ Events ___ Fundraising ___ PR/Marketing ___

Communication ___ Social Media ___ Organizing/Sorting ___

Please indicate days available: Mon ___ Tues ___ Wed ___ Thu ___ Fri ___ Sat ___ Sun ___

Times available: From _____ to _____

Any physical limitations: _____

Emergency contact: _____

I hereby release, indemnify and hold harmless The Gifted Gown, Inc, and the organizers, sponsors and supervisors of all its activities from all liability in connection with any injury (including injury caused by negligence). I recognize that I have the right and the responsibility to decline to perform any task or activity which I deem to be unsuitable for me. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

THE GIFTED GOWN

3125 East 10th Street, Suite K | Indianapolis, Indiana 46201 | 317.662.GOWN | www.thegiftedgown.com



VOLUNTEER CONFIDENTIALITY, INDEMNITY & LIABILITY/PHOTO RELEASE

As a The Gifted Gown, Inc Volunteer, I will have access to sensitive and confidential information, including, but not limited to, information about the staff, volunteer leadership, programs and finances of partners, volunteers and partners, funding recommendations and decisions.

I hereby release, indemnify and hold harmless The Gifted Gown, Inc, and the organizers, sponsors and supervisors of all its activities from all liability in connection with any injury (including injury caused by negligence). I recognize that I have the right and the responsibility to decline to perform any task or activity which I deem to be unsuitable for me. I agree that all the work I do is on a volunteer basis and I am not eligible to receive any monetary payment or reward.

Initial here: _____

I will treat all information I receive through The Gifted Gown, Inc as confidential until or unless The Gifted Gown, Inc officially discloses such information, and I will not use said information for any purposes other than in performing my duties as a Gifted Gown volunteer.

Initial here: _____

I hereby authorize The Gifted Gown, Inc to publish photographs taken of me while volunteering for the organization, and my name and likeness, for use in The Gifted Gown Inc's print, online and video-based marketing materials, as well as other Company publications and hold harmless any reasonable expectation of privacy or confidentiality associated with the images.

Initial here: _____

My initials above signify that I have read, understand and agree with the paragraphs above.

Signature: _____ **Date:** _____

Printed Name: _____

Address: _____

Telephone Numbers: _____

Email Address: _____

If above individual is a minor (under age 18) a parent or legal guardian must sign below and must take responsibility for and accompany the minor throughout the entire event or volunteer activity:

Signature: _____ **Date:** _____

Printed Name: _____ **Relationship:** _____

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WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate on behalf of THE GIFTED GOWN, INC. and related events and activities, the undersigned acknowledges, appreciates, and agrees that:

1. Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist.
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others and assume full responsibility for my participation.
3. I willingly agree to comply with the stated and customary terms and conditions for participation as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest Gifted Gown team member immediately.
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS The Gifted Gown, Inc., their officers, volunteers, board of directors, staff, guests, sponsoring agencies, sponsors, advertisers, and applicable, owners and lessors of premises used to conduct event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property whether arising from the negligence of releasees or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Printed Name: _____ **Signature:** _____

Date Signed: _____

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases.

Furthermore, my child/ward understand and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, spouse, and child/ward do release and agree to indemnify and hold harmless the Releases for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, even if arising from their negligence to the fullest extent provided by law.

Printed Name: _____ **Signature:** _____

Date signed: _____

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NON-DISCRIMINATION POLICY AND DIVERSITY STATEMENT

Non-Discrimination Policy:

The Corporation will not practice or permit any unlawful discrimination on the legally-recognized basis of, including but not limited to: sex, race, color, religion, pregnancy (including childbirth, lactation and related medical conditions), age (40 and over), national origin or ancestry, physical or mental disability, genetic information (including testing and characteristics), veteran status, uniformed service member status, sexual orientation, gender identity, or any other characteristic or status protected by federal, state or local law.

Diversity Statement:

At The Gifted Gown we value and respect each and every person who we have the honor of serving, working with and volunteering beside. We celebrate (but not limited to) diversity of age, race, culture, religion, ethnicity, economic status, class, gender, gender identity and expression, sexual orientation, disability, developmental and learning ability, nationality, location and citizenship status. The Gifted Gown recognizes that appreciating all opinions, perspectives and experiences creates an environment of inclusion and dignity.

Acknowledgement:

I acknowledge that I have received, read, and understand the Non-Discrimination Policy and Diversity Statement of The Gifted Gown. I understand that failure to comply with the policy and statement could result in dismissal from my volunteer position.

Signature: _____ **Date:** _____