

VOLUNTEER APPLICATION



Name _____ Male Female

Address _____

City, State, Zip _____

Home Phone _____

Cell Phone _____ Birthday-MM/DD/YY _____

Email Address _____

Church you attend _____

When are you generally available?

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Interests: We use this information to try and pair you up with task we have available:

I would like to process clothing, linens, shoes, books, etc.

I like tinkering with electrical or electronic devices

I would like to help with incoming donations

I would like to drive or help on truck pickups

I am great with decorating/staging

I would like working on sales floor with customers

I would be a wonderful cashier

I have experience valuing collectibles/antiques

Other (specify) _____

InJoy Thrift Stores in Brevard County support **Brevard Rescue Mission**, which seeks to break the cycle of homelessness in families by providing homeless women with children housing, access to health care, transportation, education, nutrition, job training and life skills in a safe, Christ-centered residential setting. The 12-24 month program is designed to lovingly transform families from dependency to self-sufficiency through daily accountability, personal responsibility and goal advancement.

Adult Volunteer Assumption of Risk and Waiver and Release of Liability

**THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR RIGHTS!
PLEASE READ CAREFULLY!**

This is a Waiver and Release of Liability (the "Release") by the undersigned adult individual (the "Volunteer") in favor of Brevard Transformational Ministries, Inc.; Injoy Brevard, LLC; and Injoy Thrift Stores, and their directors, officers, members, employees, volunteers and agents (collectively, "BTM Inc."). The Volunteer hereby freely, voluntarily and without duress executes this Release under the following terms:

1. **ASSUMPTION OF RISK.** Volunteer desires to serve as a volunteer for BTM Inc., which may include: working at the Injoy Thrift and Donation Station or other locations; gathering, transporting sorting and handling various items that may be heavy, unwieldy, dirty, etc.; driving, loading and unloading trucks and other vehicles; operating powered equipment; and other activities relating to the operation of a thrift store. Volunteer understands that these activities may be hazardous and expressly and specifically assumes any and all risk of injury, illness, death, property damage or other harm from engaging in them.
2. **RELEASE AND WAIVER.** In consideration of Volunteer's opportunity to serve, Volunteer hereby releases, discharges and agrees to hold harmless BTM Inc. and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's activities with BTM Inc. Volunteer understands that this Release discharges BTM Inc. from any liability or claim that the Volunteer may have against BTM Inc. with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's activities with CMS Inc., whether or not caused by the negligence of BTM Inc. or its directors, officers, members, employees, volunteers or agents. Volunteer also understands that BTM Inc. does not assume any responsibility for or obligation to provide financial assistance to Volunteer, including but not limited to medical, health, or disability insurance, in the event Volunteer or anyone else suffers injury, illness, death, property damage or other harm.
3. **INSURANCE.** Volunteer understands that, except as otherwise agreed to by BTM Inc. in writing, BTM Inc. does not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain and maintain his or her own medical, health and disability insurance coverage.
4. **PHOTOGRAPHIC RELEASE.** Volunteer hereby grants and conveys to BTM Inc. all right, title, and interest in any and all photographic images and video or audio recordings made by BTM Inc. during the Volunteer's activities with CMS Inc., including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.
5. **OTHER.** Volunteer agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provision of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, being at least 18 years of age, Volunteer has executed this Release on the date set forth below.

Signature of Volunteer

Date

Printed Name of Volunteer

VOLUNTEER AGREEMENT

YOUR NAME (PRINT) _____ DATE _____

Please initial each item, thereby saying you understand and agree to each item:

_____ I agree to conduct myself in a courteous and professional manner as a volunteer and representative of InJoy Thrift Store.

_____ I agree to abide by all Store policies and procedures.

_____ I agree that my services are provided on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.

_____ I understand that before I begin work I will be given an orientation specific to the area where I am needed and will be working.

_____ I hereby authorize InJoy Thrift Store staff to contact the emergency contact I have listed on "The Emergency Information and Contact form, should I need emergency assistance due to accident or illness

_____ I understand there is a ZERO tolerance on stealing and I give InJoy Staff permission to ask to search my bag or purse.

_____ I understand that only the Manager, Director of Volunteers, or an experienced volunteer designated by Manager, Director of Volunteers is to give me orders or assignments.

_____ I understand that any disruptive behavior, gossip, antagonistic behavior or inappropriate language can lead to termination of my volunteering here at InJoy

_____ I agree that on behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify and hold harmless the InJoy Thrift Store, Brevard Transformational Ministry Inc, its agents, employees, directors, and board of directors, from any and all claims, causes of action, or demands of any nature of cause, including costs and attorney fees incurred by the InJoy Thrift Store connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services as a volunteer for the InJoy Thrift Store.

Signature

Date

INJOY THRIFT STORE

VOLUNTEER EMERGENCY INFORMATION AND CONTACT FORM

Note: The purpose of this form is for you to provide us any information that you can that would assist us in getting you the best medical attention available, in the case you fell ill or was in an accident and was unconscious and not able to provide this information to the medical personnel yourself.

YOUR NAME _____

PREFERRED HOSPITAL FOR TREATMENT _____

PERSON YOU WANT US TO CONTACT _____

RELATIONSHIP _____

BEST NUMBER TO REACH THIS PERSON _____

ALTERNATE NUMBER IF AVAILABLE _____

ANY MEDICAL CONDITIONS YOU WOULD WANT US TO TELL EMERGENCY
PERSONNEL _____

ANY MEDICATIONS YOU REGULARLY TAKE THAT EMERGENCY PERSONNEL WOULD NEED TO BE
AWARE OF _____

YOUR PRIMARY DOCTOR _____

HIS/HER PHONE NUMBER _____