



Volunteer Application

Thank you for your interest in volunteering with Brazos Valley Rehabilitation Center (BVRC)!

Our volunteers play an important role in helping us fulfill our mission of providing life-changing therapy services for children and adults in the Brazos Valley. Please complete the following form so we can get to know you better.

Personal Information

Full Name: _____

Preferred Name (if different): _____

Date of Birth: _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: _____

Email: _____

Emergency Contact

Name: _____

Relationship: _____

Phone: _____ **Email address:** _____

Availability:

Immediately

Fall semester

Winter break

Spring semester

Summer break

Days Available: Monday Tuesday Wednesday Thursday Friday

Preferred Times: Morning Afternoon

Approximate Hours per Week: _____

Main area of interest:

Physical Therapy

Occupational Therapy

Speech Language Pathology

Clerical



Skills and Experience

Please tell us a bit about your background, experience, or skills that may be helpful in your volunteer role:

Education / Employment (optional)

Current Employer or School:

Occupation / Major:

Background Information

Have you ever volunteered with BVRRC before? Yes No

If yes, when and in what capacity?

Have you ever been convicted of a felony? Yes No

If yes, please explain:

References

Please provide one personal or professional reference:

Name:

Relationship:

Phone:

Email:

Acknowledgment and Signature

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that all volunteers are subject to background checks and must adhere to BVRRC's policies and confidentiality requirements.

Signature:

Date:

VOLUNTEER AGREEMENT AND WAIVER OF LIABILITY

I voluntarily assume full responsibility for any risk of loss, property damage or personal injury that may be sustained by me by participating in such activity.

FOR MYSELF, MY HEIRS, ASSIGNS, REPRESENTATIVES AND ANYONE ELSE CLAIMING ON BEHALF OF OR THROUGH ME, I HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS BRAZOS VALLEY REHABILITATION CENTER ("BVRC"), AND ITS OFFICERS, SERVANTS, AGENTS, OR EMPLOYEES FROM ANY AND ALL LIABILITY, CLAIMS, DEMANDS, ACTIONS, AND CAUSES OF ACTION (INCLUDING CLAIMS FOR COURT COSTS AND ATTORNEY'S FEES) WHATSOEVER ARISING OUT OF OR RELATED TO ANY LOSS, DAMAGE OR INJURY, INCLUDING DEATH, THAT MAY BE SUSTAINED BY ME OR TO ANY PROPERTY BELONGING TO ME, WHETHER CAUSED BY THE NEGLIGENCE OF BVRC OR OTHERWISE, WHILE VOLUNTEERING, OR WHILE IN, ON OR UPON ANY BVRC PREMISES. I FULLY UNDERSTAND THAT WORKER'S COMPENSATION INSURANCE DOES NOT INSURE ME AND HEREBY WAIVE ALL CLAIMS OR CAUSES OF ACTION FOR PHYSICAL INJURY OR ILLNESS THAT MAY ACCRUE BY VIRTUE OF MY SERVICE TO AND FOR THE BRAZOS VALLEY REHABILITATION CENTER ___ ___ Initial

In the event that I am placed as a volunteer with BVRC, I understand that I will be required to comply with all of BVRC's rules, policies and regulations.

I fully understand that if my services are no longer needed, or my performance is not acceptable, for any reason, BVRC has the right to terminate my services as volunteer at any time, with or without notice. ___ ___ Initial

I specifically acknowledge that:

⌚ I shall receive no compensation whatsoever for performing work for and on behalf of BVRC. All activities observed, undertaken or performed by me shall be performed without promise, expectation or receipt of compensation for services rendered and without expectation, promise, or representation, expressed or implied, of employment with BVRC.

⌚ During my service for and on behalf of BVRC, I may be privy to confidential and sensitive information. I understand and agree that privileged and confidential information shall not be repeated, disseminated or disclosed by me in any manner and that if I breach the confidentiality of BVRC, my services as a volunteer will be terminated, and that I may be subject to civil and/or criminal sanctions.

By signing below, I acknowledge and represent that I have read the foregoing, understand it, and sign it voluntarily as my own free act and deed; no oral representations, statements or inducement, apart from the foregoing written agreement, have been made; I am fully competent; and I execute this agreement for full, adequate and complete consideration fully intending to be bound by the same.

Volunteer Signature:

Date:

Parent Signature (if volunteer is under 18):

Parent/Guardian Printed Name: