



**Teen/Tween Respite Program  
Respite Volunteer Application**

**SEE WEBSITE for pre-scheduled respite dates  
This Application is to volunteer for respite on: \_\_\_\_\_**

**Volunteer Information:**

Legal Name:		Middle:		Last:	
Address:				City, ST:	
Zip:		Sex:		DOB Age:	
E-mail Address:				Primary Language:	

**Minor Volunteers (Under 18):**

Parent/Guardian Name:		Mom or Dad	Phone #	
-----------------------	--	------------	---------	--

**Adult Volunteers:**

<b>Will you consent to a criminal history background check?</b>	<b>Y or N</b>
---	---------------

**EMERGENCY Contact:**

Name & Relationship:		Phone #	
----------------------	--	---------	--

**Background Information:**

Extracurricular Activities		
Dates	Camp/Church/Organization	Position or Service Project
1. Describe a time in which you served another individual as a volunteer:		
2. Do you have any prior experience working with individuals with intellectual or developmental disabilities?		

**References:**

Name	Relationship/How Known	Contact Phone/Email
1.		
2.		

Please **circle** or highlight all of the attributes that you would feel **comfortable working with**:

Ok with any disability	Non-verbal	Down Syndrome	Intellectual disability
Male	Female	Severe Disability	Age: 11-14
Ok with any level of assistance needed	Needs assistance with eating	Needs assistance with toileting	Needs assistance with fine motor tasks

**Questions or Return Completed Forms to: Karri Axtell [kaxtell@arcoffortbend.org](mailto:kaxtell@arcoffortbend.org) 281-494-5924**



### **Activities Release and Waiver of Liability**

**This program is not licensed by the State of Texas. By signing below you agree to accept the terms.**

**This activities release and waiver of liability is being executed in favor of The Arc of Fort Bend County, The Arc of Texas, The Arc National, Hope For Three, Texana Center and/or any affiliated entities, their Directors, Officers, Employees, volunteers and agents (together, “the Organizations”), for the activities described below. I freely and voluntarily execute this activities release and waiver of liability, and agree to the following terms:**

**GENERAL RELEASE AND WAIVER:** I, the undersigned, understand that occasionally accidents occur during activities and participants may sustain serious personal injury and property damage as a consequence thereof. Nonetheless, knowing the risks of activities, I agree to assume the risks. By signing this activities release and waiver of liability, I intend to legally bind myself, my minor children, my heirs, executors and administrators. I hereby release and forever discharge and hold harmless the Organizations, 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 at any time from the activities with the Organizations.

**INDEMNIFICATION:** The Undersigned shall indemnify, defend, and hold harmless the Organizations, its Directors, Officers, Employees and Agents, and its successors and assigns from any and all liability, claims, costs and losses, whether related to property damage, personal injury or death, arising from the Undersigned's participation in activities, whether caused by the willful or negligent acts of Undersigned or the negligent acts of the Organizations, or its Directors, Officers, Employees, Clients, Volunteers or Agents. This provision shall survive the term of this agreement.

\_\_\_\_\_ **VOLUNTEER CONSENT:** I understand and certify that my participation in the Organizations Teen-Tween Respite is completely voluntary. I have familiarized myself with the program and activities in which I will be participating. I acknowledge that although safety measures and reasonable care to minimize the risk of injury are taken, the Organizations cannot ensure or guarantee that the volunteers, equipment, premises or activities will be free of hazards, accidents or injuries. I have received approval from a doctor authorizing me to participate in the activities. I understand this program is NOT licensed by the state of Texas.

\_\_\_\_\_ **INSURANCE:** The undersigned understands that the Organizations do not carry or maintain health, medical or disability insurance coverage for any undersigned. The Undersigned is expected, and encouraged to, obtain his or her own medical or health insurance coverage. I also understand that the Organizations do not assume any responsibility for, or obligation to provide, any financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

\_\_\_\_\_ **MEDICAL TREATMENT:** If emergency treatment is necessary, I give permission to be taken to the nearest hospital for treatment, by ambulance. I understand treatment is not covered by the Organizations. The undersigned releases and forever discharges the Organizations from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with activities of the Organizations.

\_\_\_\_\_ **VOLUNTEER EXPECTATIONS:** I agree to conform to the program rules and expectations of all volunteers. I agree to arrive at the assigned time to receive training and instructions regarding the event, my assigned duties, and/or the participant I have been matched with. If I am not performing in accordance with the program rules and expectations, I understand I may be asked to leave, and /or not allowed to return as a volunteer for future activities.



\_\_\_\_\_ CONFIDENTIALITY: The undersigned understands that information regarding the Teen-Tween Respite participants and their personal, financial, disability, health, medical and other related information is confidential. I agree to keep all such information confidential. I understand that unauthorized disclosure of such information is grounds for immediate termination as a volunteer, and may result in additional legal action taken against me

\_\_\_\_\_ VOLUNTEER BACKGROUND CHECK: I consent to The Arc performing a background check to gather information relating to any criminal history and/or sex offender history through SureHire 360.

MEDIA RELEASE: The undersigned agrees to the digital, print or other medium use of their likeness, and waives all rights and interests in such materials.

ADDITIONAL TERMS: The undersigned expressly agrees that the activities release and waiver of liability are intended to be as broad and inclusive as permitted by the laws of the State of Texas. This agreement shall be governed and interpreted in accordance with the laws of the State of Texas, U.S.A. I agree if any provision of this agreement shall be declared by any court of competent jurisdiction to be illegal, void, or unenforceable, the other provisions shall not be affected but shall remain in full force and effect. This agreement shall be binding on and inure to the benefit of the parties hereto and their respective heirs, legal or personal representatives, successors, and assigns.

Volunteer Legal Name:		Volunteer Signature:		Date:	
--------------------------	--	-------------------------	--	-------	--