



# VOLUNTEER APPLICATION

## WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applicant for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, disability, marital or veteran status, or any other legally protected status. Our volunteers support our work at every level at South Central Family Health Center.

## PLEASE PRINT CLEARLY

Position(s) Applied For		Date of Application	
How Did You Hear About Us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry	<input type="checkbox"/> Website
<input type="checkbox"/> Relative	<input type="checkbox"/> Patient	<input type="checkbox"/> Other:	<input type="checkbox"/> Employment Agency
Last Name	First Name	Middle Name	
Address Number		City	State Zip Code
Email Address:		Home Phone Number	Cellular Phone Number
Emergency Contact:		Languages Spoken Fluently	Languages (Written)
Phone Number:			
Have you ever filed an application with us before?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever volunteer or been employed with us before?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, provide date(s)			
Do any of your friends or relatives work here?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, state name(s) and relationships			
Are you available to volunteer		<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	
Please indicate days available:		Interest: Please tell us in which areas you are interested in volunteering	
<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday		<input type="checkbox"/> Administration <input type="checkbox"/> Events <input type="checkbox"/> Program <input type="checkbox"/> Fundraising <input type="checkbox"/> Clinic Front Office <input type="checkbox"/> Clinic Back Office <input type="checkbox"/> Other: _____	
Times available:			
From: _____			
To: _____			

**EDUCATION**

Level	Name & Address	Course of Study	Years Completed	Diploma / Degree

**APPLICANT'S STATEMENT**

As a volunteer of SCFHC I agree to abide by the policies and procedures. I understand that I will be volunteering at my own risk and that the organization, its employees and affiliates, cannot assume any responsibility for any liability for any accident, injury or health problem which may arise from any volunteer work I perform for the organization. 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.

**I CERTIFY THAT ALL INFORMATION THAT I HAVE PROVIDED ON THIS APPLICATION IS TRUE, ACCURATE, AND COMPLETE.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**PLEASE E-MAIL COMPLETED APPLICATIONS TO: [YOVANAN@SCFHC.ORG](mailto:YOVANAN@SCFHC.ORG) ATTN: HUMAN RESOURCES.**

**For Human Resource Office Use Only**

Date Interviewed
Result of Interview
Background Check Results
Hire Date



## Volunteer Waiver and Release Form

Volunteer Name: \_\_\_\_\_

☐ Check here if Volunteer is under age 18

Contact E-mail (required): \_\_\_\_\_

Parent or Legal Guardian Email (required if Volunteer is under age 18): \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Phone: \_\_\_\_\_

**VOLUNTEERS MUST COMPLETE THE WAIVER AND RELEASE FORM**

**PARENT/LEGAL GUARDIAN SIGNATURE IS REQUIRED  
IF VOLUNTEER IS UNDER AGE 18**

South Central Family Health Center  
4425 S. Central Ave.  
Los Angeles, CA 90011  
[hr@scfhc.org](mailto:hr@scfhc.org)  
Fax: 323-432-4877



## Volunteer Waiver and Release Form

### WAIVER AND RELEASE FORM RELEASE OF LIABILITY

In return for being allowed to participate in South Central Family Health Center volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue South Central Family Health Center or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("the Organization") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Volunteer Activities wherever, whenever, or however the same may occur.

I understand and agree that the organization is not responsible for any injury or property damage arising out of the Volunteer Activities, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Activities involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Activities with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless the Foundation for all claims arising out of my participation in the Volunteer Activities.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that the organization have not arranged and do not carry any insurance of any kind for my benefit or that of Volunteer (if Volunteer is under 18), my parents, guardians, trustees, heirs, executors, administrators, successors and assigns. I represent that, to my knowledge, I am in good health and suffer no physical impairment that would or should prevent my participation in Volunteer Activities.

I also understand that this document is a contract which grants certain rights to and eliminates the liability of the organization.

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**(Signature of Volunteer)**

**Date**

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

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**(Signature of Parent/Legal Guardian if Volunteer is Under 18)**

**Date**

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.



## Volunteer Waiver and Release Form

### PUBLICITY RELEASE

In return for being allowed to participate in South Central Family Health Center volunteer activities and all related activities, including any activities incidental to such participation ("Volunteer Activities"), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") hereby grants to the Foundation, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities' officers, directors, agents, employees, respective successors and assigns (collectively, "Authorized Parties"), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer's name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation. I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

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**(Signature of Volunteer)**

**Date**

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

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**(Signature of Parent/Legal Guardian if Volunteer is Under 18)**

**Date**

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.