



# Volunteer Program

*“Changing destinies and bringing hope through creating families”*

*“Together we can bring them hope”*

Welcome and thank you for considering The Hope Box as an organization to volunteer with.

We have developed our Volunteer Program to give the members of the community an opportunity to serve and assist alongside The Hope Box by beginning to change the devastating issues of newborn abandonment in the State of Georgia.

We have seen great success when working together as a team. We believe that it takes a community and a team to accomplish greatness. That greatness is what we are striving to bring to the State of Georgia.

As we continue to develop and grow our areas to volunteer will also. We would like to invite you to be apart of the process and help us reach into our communities to be the change and make the difference that is needed to prevent newborn abandonment.

As a volunteer you will learn more in-depth about the The Hope Box processes, issues within our state regarding newborn abandonment, how we are working to make a difference and create a safe alternative solution for new mothers finding themselves unable and unwilling to care for their newborn.

We are excited to have you apart of our team and look forward to joining together to become the change in our community and to “Bring Them Hope”.

The Hope Box Team

# Volunteer Application

## ***Personal Info***

Name: \_\_\_\_\_ Sex (circle):    Male    Female  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Over 18 (circle):    Yes    No  
Phone #: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

## ***Work History***

Occupation: \_\_\_\_\_ Currently employed (circle):    Yes    No  
Employer: \_\_\_\_\_  
Are you will to volunteer your occupational skills:    Yes    No  
You may attach your resume if desired.  
Additional Info (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## ***College Student Info. (skip if not enrolled)***

College: \_\_\_\_\_  
Student Year: \_\_\_\_\_ Major: \_\_\_\_\_  
Medical Student (circle):    Yes    No  
Area of Medical Study: \_\_\_\_\_  
Additional Info (optional): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***About You***

Below, please share more about yourself:

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I authorize by signing below all information stated above is correct to my knowledge and I agree that my electronic signature (if provided) is as equivalent to my handwritten signature.

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Applicant's Signature

Date

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Parent/Guardian Signature  
(If under 18 years old, Parent or Guardian must also sign.)

Date

**THE HOPE BOX, INC.**  
**ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**  
**PLEASE READ CAREFULLY AND SIGN BELOW**

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING IN ANY/ALL ACTIVITIES ASSOCIATED WITH THE HOPE BOX, INC, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in this organization, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems, which preclude my participation in this organization.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by THE HOPE BOX, INC. of the activity in which I may participate, and that it will govern my actions and responsibilities at said organization.

In consideration of my application and permitting me to participate in this organization, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this organization, THE FOLLOWING ENTITIES OR PERSONS: THE HOPE BOX, INC. (THB) and/or their directors, officers, employees, volunteers, representatives, and agents, and the activity holders, sponsors, and volunteers;

(B) INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity, whether caused by the negligence of release or otherwise.

I acknowledge that THB and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific activity on their behalf.

I acknowledge that this organization may involve a test of a person's physical and mental limits and carries with it the potential for death, serious injury, and property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, lack of hydration, and actions of other people including, but not limited to, participants, volunteers, monitors, and/or producers of the organization. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment, which may be deemed advisable in the event of injury, accident, and/or illness during this activity.

I understand while participating in this organization, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the activity holders, producers, sponsors, organizers, and assigns.

The Accident Waiver and Release of Liability Form shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

I authorize by signing below that my electronic signature (if provided) is as equivalent to my handwritten signature.

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Participant's Name (Please print legibly.)

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Participant's Signature

Date

Parent/Guardian's Signature

Date

(If under 18 years old, Parent or Guardian must also sign)