



STANO FOUNDATION

Volunteer Application Form

Personal Information (PLEASE PRINT):

Last Name: _____ First Name: _____ MI: _____ Male: ___ Female: ___

Address: _____ Date: _____

City: _____ State: _____ Zip: _____

Day Phone: ____ - ____ - ____ Evening Phone: ____ - ____ - ____ Cell Phone: ____ - ____ - ____

Email: _____ Are you a past volunteer at Stano? _____

DOB (Month/Day/Year): _____ Age _____ (Applicants must be 12 years of age or older)

Do you consider yourself: (circle one)	Native American African-American	Asian White	Pacific Islander Hispanic	Other Mixed Race
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(Completion of ethnicity is voluntary and will not be used in selection decision)

Do you speak a language other than English? If so, which? _____

Have you been charged or convicted of a crime? (Conviction will not necessarily disqualify an applicant from volunteering)

Yes No

If yes, please explain: _____

I understand that I am applying for a position as an unpaid volunteer at The Stano Foundation. As such, I agree to follow all guidelines and policies set forth, and will, to the best of my ability, uphold the mission of The Stano Foundation.

I certify that the answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application to become a volunteer as may be necessary in arriving at a decision.

I understand and agree that The Stano Foundation 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 Stano Foundation for all claims arising out of my participation in the volunteer activities.

I also acknowledge that The Stano Foundation has not arranged and does not carry any insurance of any kind for my benefit or that of a 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 Stano Foundation.

I understand that promotional pictures and videos (individual and group) may be taken during this event. I give permission for pictures of myself and/or family to be used for The Stano Foundation's promotional materials (newsletter, web page, calendars, PowerPoint, video etc.) in highlighting the event.

PARENT PORTION: I have read and understand this application and I give my child permission to be a volunteer at The Stano Foundation. I accept full responsibility for my child's participation in this program as the responsible adult participant and/or parent/guardian.

Volunteer Signature

Parent/Guardian Signature (if under 18)

Email: Libby Hopkins · lhopkins@stano.org · 888-789-4994
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