



## Volunteer Application

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

Phone (cell): \_\_\_\_\_ (home): \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ e-mail: \_\_\_\_\_

How did you learn about Community Boat Building? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Volunteer Availability

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time						

Do you have any skills or previous experience that will be useful when volunteering with CBB? \_\_\_\_\_

\_\_\_\_\_

Please indicate the types of work you prefer or have special gifts for (painting, woodworking, data entry, fundraising, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Formal Education (highest year of school completed): \_\_\_\_\_

\_\_\_\_\_

Are you currently employed? Yes  No

Position and place of employment: \_\_\_\_\_

\_\_\_\_\_

Additional comments or questions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of a crime?** (You may omit minor traffic offenses, any convictions which have been sealed, expunged or statutorily eradicated, and misdemeanors for which probation was completed and the case judicially dismissed.)  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact**

Name: \_\_\_\_\_  
Phone (cell): \_\_\_\_\_  
Phone (home): \_\_\_\_\_  
Relationship: \_\_\_\_\_

**Medical**

Medical conditions, incl. allergies: \_\_\_\_\_  
\_\_\_\_\_  
Medications: \_\_\_\_\_  
Healthcare Provider Contact: \_\_\_\_\_

**Waiver**

**I understand that I am providing volunteer services and will not be entitled to wages, salary or any other form of compensation based on quality or quantity of services provided.**

I further understand that volunteering may contain inherent risks and I hereby ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, 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 acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate and that it will govern my actions and responsibilities at said activity or event. In consideration of my application and permission to participate in this activity or event, I, on my behalf and on behalf of my executors, administrators, heirs, next of kin, successors and assigns:

(A) HEREBY 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 including my traveling to and from this event or volunteer activity, THE FOLLOWING ENTITIES OR PERSONS: **Third Sector New England, Inc.** (doing business as TSNE MissionWorks), its fiscally sponsored project **Community Boat Building**, and each of their directors, officers, employees, members, volunteers, partners, representatives and agents, the activity or event holders, activity or event sponsors, activity or event volunteers; and

(B) HEREBY INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in paragraph (A) above from any and all liabilities or claims made as a result of participation in this activity or event or while traveling to or from said activity or event, whether caused by the negligence or fault or otherwise.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and assigns. The accident waiver and release of liability 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 UNDERSTAND THAT THIS IS A BINDING RELEASE OF LIABILITY AND I SIGN IT OF MY OWN FREE WILL.

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**Volunteer Signature** **Date**

A Legal Guardian of volunteers under 18 years old must sign below confirming acceptance of this Volunteer Information Form Liability Waiver

**Parent/Guardian Name:** \_\_\_\_\_

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**Parent/Guardian Signature**

***For Project Director or Volunteer Supervisor:***

**Project Name:** Community Boat Building

**Volunteer position title:** Shop Volunteer

**Supervisor:** Stockton Reece

**Description of duties:** Help with tasks in the CBB shop such as making parts, painting, and finishing student-built boats

**Is this a:**       One Time Volunteer Opportunity       Ongoing Volunteer Opportunity

**If you've checked Ongoing, what is the predicted end date?** 2025

**Will this volunteer be working directly with minors, elderly or disabled constituents?**  Yes  No