



HHOH Volunteer Application

The following information will help us place you in a position that best suits your interests and time.

Personal Information

Full Name: _____

Last

First

Middle Initial

Address: _____

Street Address

Apartment/Unit#

City

State

ZIP

Home Phone: _____ Alternate Phone: _____

E-mail Address: _____ Birthday: _____

Employer: _____ Title: _____

Marital Status: _____ Spouse's Name: _____ Spouse's Phone: _____

Please circle all the following that apply:

AVAILABILITY:

Best way to contact you about volunteer opportunities: Email / Home Phone / Cell / Text (Carrier _____)

Days available: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours available: As Needed or:

Mornings (8:00 a.m. -12:00 p.m.) Afternoons (1:00 p.m.-5:00 p.m.) Evenings (5:00 p.m.-8:00 p.m.)

Other/details: _____

INTERESTS:

Building & Grounds/Restoration | Front of House/Shows & Events | Performing/Theatre | Tours | Other:

Comments: _____

Medical Information Pertinent medical information you want us to know in case of an emergency:

For example: allergies, diabetic, epileptic, cardiac, etc.

EMERGENCY CONTACT INFO (Mandatory)

Full Name: _____

Last

First

Primary Phone: _____

Alternate Phone: _____

Relationship to Volunteer: _____

HHOH Volunteer Liability Waiver

Release and waiver of liability for Historic Homestake Opera House volunteers. This Release and Waiver of Liability, (the "Release") executed on this date _____ by the Volunteer: _____ in favor of the HHOHS, a not-for-profit agency, their directors, officers, employees and agents.

The Volunteer desires to work as a volunteer for the Historic Homestake Opera House Society (HHOHS) and engage in activities related to being a volunteer (the "Activities.") The Volunteer understands that the Activities may include, but are not limited to, organizing, cleaning, preparing food, performing maintenance, remodeling, repair and up keep of building, moving furnishings and fixtures, loading and unloading supplies, interacting with patrons, and providing office support. The Volunteer does hereby freely, voluntarily, and without duress execute this Release under the following terms:

RELEASE AND WAIVER: Volunteer, for him/herself and his or her legal representatives, spouse, heirs and assigns, does hereby release and forever discharge and hold harmless HHOHS and its officers, directors, trustees, employees, agents, insurers and representatives, successors and assigns from any and all liability claims and demands of whatever kind of nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with HHOHS. Volunteer understands that this Release discharges HHOHS from any liability or claim that the Volunteer may have against HHOHS with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with HHOHS, whether caused by the negligence of HHOHS or its officers, directors, employees, or agents or otherwise. Volunteer covenants not to bring any action against HHOHS for any such injury or damage. Volunteer also understands that HHOHS does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to medical, health or disability insurance in the event of injury or illness.

MEDICAL TREATMENT: Volunteer does hereby release and forever discharges HHOHS from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with HHOHS. Volunteer authorizes HHOHS to act, in its best judgment, on Volunteer's behalf in case of an emergency.

ASSUMPTION OF THE RISK: The Volunteer understands that the Activities may include work that may be hazardous to the Volunteer, including, but not limited to, organizing, cleaning, preparing meals, performing yard maintenance, remodeling and rehabilitation of buildings, moving household furnishings and fixtures, loading and unloading supplies, interacting with clients and providing clerical support in HHOHS offices. Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases HHOHS from all liability for injury, illness, death, or property damage resulting from the Activities.

VOLUNTARY SERVICE: Volunteer understands and acknowledges that he/she may decline any volunteer role or position at any time if he/she feels such role or position presents a risk to health or safety or for any other reason. Volunteer agrees to advise HHOHS of any preexisting conditions that would preclude involvement in any activity.

INSURANCE: The Volunteer understands that HHOHS does NOT carry or maintain health, medical, disability or Workers Compensation insurance coverage for any volunteer.

OTHER: Volunteer expressly agrees that the Release is intended to be as broad and inclusive as permitted by the laws of the State of South Dakota, and that this Release shall be governed by and interpreted in accordance with the laws of the State of South Dakota. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which will continue to be enforceable.

PHOTOGRAPHIC RELEASE: Volunteer does hereby grant and convey unto HHOHS all right, title and interest in any and all photographic images and video or audio recordings made by HHOHS during the Volunteer's Activities with HHOHS, including, but not limited to, any donations, proceeds, or other benefits derived from such photographs or recordings in which the image of the Volunteer appears.

IN WITNESS WHEREOF, Volunteer has executed this Release as to the day and year first written.

Circle Age Category: **17 yrs. or younger** **18-55 yrs.** **55+ yrs.**

Volunteer Signature: _____

If Volunteer is 17 years old or younger, parent or guardian signature is also REQUIRED BELOW:
