

# Aurora, Inc. Volunteer Interest Form



Name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

New Volunteer \_\_\_\_\_ Returning Volunteer \_\_\_\_\_ If returning, is this a New Address/Phone/Email? \_\_\_\_\_

## Emergency Contact Information

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

Do you have any health issues we should be aware of? Please explain. \_\_\_\_\_

## Interests/Skills/Availability

How are you interested in serving? What would you like to do? \_\_\_\_\_

What special skills do you have? \_\_\_\_\_

When you are you available to serve? Daytime \_\_\_\_\_ Evenings \_\_\_\_\_ Weekends \_\_\_\_\_ Varies \_\_\_\_\_

Are you volunteering as part of a group? Yes No Group: \_\_\_\_\_

## Ongoing Opportunities

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Education Committee   | <input type="checkbox"/> Collecting Donated Items | <input type="checkbox"/> Assembling Outreach Bags                 |
| <input type="checkbox"/> Fundraising Committee | <input type="checkbox"/> Sorting Donated Items    | <input type="checkbox"/> Creating Housing Starter Kits            |
| <input type="checkbox"/> Aurora Board Member   | <input type="checkbox"/> Clerical tasks           | <input type="checkbox"/> <i>Destination: Home</i> projects/events |
| <input type="checkbox"/> Selling House Pins    | <input type="checkbox"/> Assembling bulk mailings | <input type="checkbox"/> Other: _____                             |

## Special Events

Special Celebrations  Homeless Memorial Service  Homeward Bound 5K walk  Trivia Tonight Committee

## Photo Release & Consent

I do hereby give my permission to Aurora, Inc. to carry out its mission of ending homelessness by using my \_\_\_\_\_ Photograph \_\_\_\_\_ Film Coverage \_\_\_\_\_ Name \_\_\_\_\_ Quote (as applicable) in promotional or educational materials, websites, newspapers, brochures, displays, videos, and/or miscellaneous publications or fund raising efforts without limitation. **This consent shall remain in effect for a period of eight years** unless I revoke it prior to that time. I understand that I may revoke this authorization by submitting a written request to the Education Specialist at Aurora, Inc. at the above below. I understand that if I revoke this authorization my revocation will not have any affect on actions already taken by Aurora, Inc. in reliance on my authorization.

## Agreement & Understanding Release

I wish to volunteer for Aurora, Inc. I understand that the nature of volunteer activities that I may perform in my capacity as a volunteer may involve physical activity, contact with unidentified and/or unfamiliar persons, or other potential risk of bodily injury or damage to property. Knowing this and in consideration of being allowed to volunteer, **I HEREBY ASSUME FULL AND COMPLETE RESPONSIBILITY FOR ANY PERSONAL INJURY AND/OR PROPERTY DAMAGE THAT I SUSTAIN OR CAUSE DURING MY PARTICIPATION AS A VOLUNTEER. IN ADDITION, I HEREBY RELEASE, HOLD HARMLESS AND COVENANT NOT TO FILE SUIT AGAINST AURORA, INC. AND ANY OF THEIR EMPLOYEES, VOLUNTEERS, PARTNERS, AGENTS, SPONSORS, BOARD MEMBERS AND SUCCESSORS FROM ANY AND ALL LOSS, LIABILITY OR CLAIMS I MAY HAVE ARISING OUT OF MY SERVICE AS A VOLUNTEER.** I understand that as a volunteer, I may become privy to confidential information about Aurora, Inc. I agree to maintain the confidentiality of any information marked "confidential" as well as any information about Aurora, Inc.'s internal procedures, business operations, personnel information and the like that is not otherwise publicly disclosed by Aurora, Inc. I will not use any confidential information in any manner that would be detrimental to Aurora, Inc., and I will avoid any actions that might impair the reputation of Aurora, Inc.

Print Name \_\_\_\_\_ Signature of Volunteer \_\_\_\_\_ Date \_\_\_\_\_

If volunteer is under 18 years of age  
Signature of Parent/Guardian \_\_\_\_\_ Printed Name of Parent/Guardian \_\_\_\_\_

**Please return to  
Aurora  
Attn: Education Specialist  
1100 Lincoln Ave  
Evansville, IN 47714  
or fax to (812) 428-3253**



www.auroraevansville.org