



www.giftoftimeohio.com

John and Sherylann Baedaro, Owners

P.O.Box 866 Grove City, OH 43123

614-875-2100 Business Phone

614-875-2270 Business Fax

Thank you for your interest in the Franny's Helper Volunteer Programs. The following information is needed to match you with a client.

Last Name _____ First Name _____

Prefer to be called _____

Home Address _____

City _____ Zip Code _____

Phone _____

E-mail (please print clearly) _____

THIS PROGRAM REQUIRES THE YOUTH TO BE BETWEEN THE AGES OF 13-18. DO YOU FALL INTO THIS RANGE? (Check one) ____ YES ____ NO

Date of Birth _____
(Month/Day/Year)

SCHOOL: _____

Name Street Address City, State, Zip _____

Grade Counselor _____

Name of Parent(s)/Guardian(s) Work Phone Number Home Phone

Referral Source _____

Ethnicity (optional)

1. American Indian or Alaska Native
2. Asian
3. Black
4. Native Hawaiian or other Pacific Islander
5. White
6. Some Other Race
7. Bi-racial _____Hispanic _____Not Hispanic

Circle the day or days of the week that you are most available to volunteer.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Circle the range of hours you think you would be able to commit per year to volunteering for the Franny's Helper program:

10-20 21-30 31-40 41-50 51-60 61-70 71-80 81-99 100+

1. Describe your past experience working with the elderly: _____

2. List any volunteer organization in which you have served: _____

3. Describe what you think is/are the purpose(s) of the Franny's Helper Program:

4. I want to be a Franny's Helper volunteer because: _____

REPORT CARD – Please submit a copy of your most recent report card
(Students Only)

1) My favorite subjects in school are... and why? _____

2) My education and career goals are... and why? _____

3) Why are you interested in joining the Franny's Helper Program, and what do you hope to gain from the experience? _____

4) Tell us about a time when you have taken a risk and tried something new. How did you feel about it before, during and after the experience? _____

5) When have you felt the most successful? What was your goal and what challenges did you have to overcome to reach this goal? _____

Please list three references (one may be a relative)

1. Name _____

Relationship _____

Home Phone # _____ Work _____

Phone# _____

Mailing
Address _____

City _____ Zip Code _____

2. Name _____

Relationship _____

Home Phone # _____ Work _____

Phone# _____

Mailing
Address _____

City _____ Zip Code _____

3. Name _____

Relationship _____

Home Phone # _____ Work _____

Phone# _____

Mailing
Address _____

City _____ Zip Code _____

APPLYING STUDENT AND PARENT AGREEMENT

I _____ if accepted into the program, agree to spend a minimum of 10 volunteer hours in service for one year. I will complete all training, attend all mandatory meetings, and arrive on time.

I certify that the information given herein is true, correct and complete. I authorize verification of all statements contained in this application. I authorize former employers and/or educational institutions to provide information concerning me, and I release them from liability for providing any such information to Gift of Time Ohio for the Franny's Helper program.

I understand and acknowledge that any volunteer/employment relationship with this organization is of "at will" nature, which means that the Volunteer/Employee may resign at any time and the Employer may discharge Volunteer/Employee at any time with or without cause. It is further understood that this "at will" volunteer/employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of Gift of Time Ohio.

Our signatures indicate that to the best of our knowledge, the information given on this application is true, complete, and accurate.

As a parent or guardian signing this form, I give permission for my child to participate in the Fanny's Helper program. I also give permission for the use of my (my child's) name and/or photograph for editorial, promotional, recruitment or educational purposes.

Signature of Student

Date

Signature of Parent/Guardian

Date

In what capacity do you choose to volunteer: ___Elder Friend ___Phone Friend
___Both Elder/Phone Friend?

___Other (please explain if you have something specific in mind) _____

Please indicate your interests below:

___Cards (list specific games you enjoy) _____

___Television (types of programs) _____

___Cooking/Baking ___Shopping ___Eating out ___Reading (fiction/nonfiction)

___Music (what types) _____

___Activities (attending a book club, going to the Opera or Symphony, or
enjoying a ball game, for example) _____

Please list your special skills, interests, and/or hobbies: _____

Work Experience:

Emergency contact _____

Relationship _____

Address _____ Phone _____

We will do our best to find a client with similar interests to your own.

Once a match is made, I agree to volunteer for a period of three months.
Afterwards, I may continue with the same client, request a new match or
terminate my volunteer commitment.

I further understand that I am not a housekeeper or personal assistant and will
not receive wages from Gift of Time Ohio's Franny's Helper Program.

I understand that I must maintain strict confidentiality regarding my client.

Volunteer Signature _____

**WAIVER AND RELEASE FORM
RELEASE OF LIABILITY**

In return for being allowed to participate in Franny's Helper volunteer program, including any activities incidental to such participation ("Volunteer Activities"), the undersigned **Volunteer or Parent/Legal Guardian** of Volunteer if Volunteer is under age 18 (hereafter referred to using "I", "me", or "my") releases and agrees not to sue the Gift of Time Ohio or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates ("the Foundation") from all present and future claims that may be made by me, my family, estate, heirs, or assigns for property damage, personal injury, or wrongful death arising as a result of my participation in the Franny's Helper Volunteer Program wherever, whenever or however the same may occur.

I understand and agree that Gift of Time Ohio is not responsible for any injury or property damage arising out of the Volunteer Program, even if caused by their ordinary negligence or otherwise.

I understand that participation in the Volunteer Program involves certain risks, including, but not limited to, serious injury and death. I am voluntarily participating in the Volunteer Program with knowledge of the danger involved and I agree to accept all risks of participation.

I also agree to indemnify and hold harmless Gift of Time Ohio for all claims arising out of my participation in the Volunteer Program.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

I also acknowledge that Gift of Time Ohio has not arranged and do not carry any insurance of any kind for my benefit or that of 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 Gift of Time Ohio.

(Signature of Volunteer)

Date

I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18)

Date

I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

PUBLICITY RELEASE

In return for being allowed to participate in the Franny’s Helper volunteer program and all related activities, including any activities incidental to such participation (“Volunteer Activities”), the undersigned Volunteer or Parent/Legal Guardian of Volunteer if Volunteer is under age 18 (hereafter referred to using “I”, “me”, or “my”) hereby grants to Gift of Time Ohio, and each of its subsidiaries, affiliates, agents, advertising or promotional agencies, and partners, and all such entities’ officers, directors, agents, employees, respective successors and assigns (collectively, “Authorized Parties”), the absolute and irrevocable right and permission to use, publish, broadcast and/or copyright the use of Volunteer’s name, address, voice, photograph and/or likeness, caricature, and personal information, in its current form or as retouched, digitized, cropped, altered, distorted or modified in any way, in any and all advertising, promotional, or other materials based upon or derived from the Volunteer Activities in any manner, in any media whatsoever for any and all purposes, including by way of example but without limitation advertising, promoting or publicizing products and services throughout the universe, in perpetuity, in any and all media now known or hereafter devised (including without limitation on the Internet), without additional compensation.

I further agree that anything derived there from will be owned solely by the Authorized Parties. I shall not authorize the use of any print, negative or other copy thereof by anyone other than the Authorized Parties.

I understand that this document is intended to be as broad and inclusive as permitted by the laws of the state in which the Volunteer Activities take place and agree that if any portion of this Agreement is invalid, the remainder will continue in full legal force and effect.

(Signature of Volunteer) _____
Date
I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.

(Signature of Parent/Legal Guardian if Volunteer is Under 18) _____
Date
I am the parent or legal guardian of the Volunteer. I am of legal age and am freely signing this agreement. I have read this form and understand that by signing this form, I am giving up legal rights and remedies.