

# SILO Volunteer Application

## Contact Information

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Birth date: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

## Emergency Contact Information

In case of an emergency, please contact my emergency contact person: (Please ensure this person knows they are your emergency contact.)

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

Relationship to you: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Background Check\*

SILO has my permission to obtain a criminal history check and child abuse clearance on me. Yes \_\_\_\_ No \_\_\_\_

Have you been a resident of PA for ten years or more? Yes \_\_\_\_ No \_\_\_\_  
If not, an FBI background check will also be needed.

Social Security Number: \_\_\_\_\_

Previous name(s), maiden name, alias: \_\_\_\_\_

\* A criminal background check is required to volunteer at SILO.

Revised 4/28/2016

# SILO Volunteer Liability Release and Waiver Form

I willingly and voluntarily participate in SILO activities throughout the year. These activities include, but are not limited to:

- **Work projects** in the homes of people in need, throughout Oxford or wherever else help might be needed
- **Home visits** where we visit people who might not be able to get out of their home or who could use some cheering up
- **Distributing invitations** to encourage people to come to our monthly meal by walking around Oxford.
- **Meals and special events** hosted by SILO for the community are free of charge and open to everyone. Help is needed to make these meals and events the best possible.
- **Meetings** to plan upcoming meals and special events as well as to gain inspiration for the best possible daily choices.
- **Fundraisers** are a significant source of funding for SILO and help will be needed to make these fundraisers successful.

I understand that SILO, its staff and leaders are committed to providing reasonably safe and instructive opportunities to serve others. I also recognize that the activities listed above (especially home repair activities) include some risk of injury. I understand that generally prescribed guidelines from SILO leaders (written and verbal) will help protect my safety and well-being.

**By completing this form, I understand that SILO does not assume any responsibility for or obligation to provide financial assistance for medical, health, disability or property damage if an injury, illness or property damage would occur because of participating in a SILO activity.** Intending to be legally bound, I hereby freely, voluntarily and without duress remise, release and forever discharge and agree to defend, indemnify and hold harmless SILO, a Pennsylvania non profit, its officers, directors, agents, servants, employees, volunteers, contractors, successors and assigns of and from all liability, loss, damages, costs and expenses arising out of any and all claims, demands, actions and causes of action, covenants, contracts, agreements, suits and judgments whatsoever in law or equity ("Claims") arising out of, or related to, my participating in SILO activities including but not limited to Claims that my child, or his or her heirs, executors, administrators, successors and assigns, or any of them can, shall or may have by reason of any cause, matter or thing whatsoever including, without limitation, negligence or gross negligence.

Your Name: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Your Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years old, the signature of a parent or legal guardian is required:

Parent/Guardian Signature: \_\_\_\_\_