 Sensory Sanctuary

 A Nonprofit Organization

7 Hartwell Ct., Savoy, IL, 61874, Tel. (331)551-6493

Email: hjohnston@sensorysanctuary.org Website: www.sensorysanctuary.org

 2020 Volunteer Application Form

**Please read all information carefully**

**Eligibility**

Applicants must be 18 or older and pass a background check.

**First name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date of Birth: \_\_\_\_\_\_\_ / \_\_\_\_\_\_ / \_\_\_\_\_\_\_ Sex (circle): Male / Female / Non-Binary**

**Telephone: (home) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (mobile) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have United States Citizenship? □ Yes □ No. Nationality if not US: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I hereby apply for membership with Sensory Sanctuary Nonprofit Organization. I agree to be bound by and comply with the policies and rules of Sensory Sanctuary and declare that I am knowledgeable of and will comply with and be bound by the Sensory Sanctuary Non-Disclosure Agreement.

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Signature of Applicant Date**

**To be completed by all applicants**

I agree and declare as follows:

1. That the activities as a volunteer involve a risk of injury which is accepted by me.
2. Whilst insurance coverage may be arranged by Sensory Sanctuary, it is my responsibility to satisfy myself as to the adequacy of the insurance arrangement. If I am unable to satisfy myself that adequate insurance has been arranged, then it is my obligation to arrange additional insurance cover to meet my requirements.
3. Acceptance of the Sensory Sanctuary membership application for registration of a volunteer is not evidence of, or acknowledgment that insurance coverage has been arranged for the volunteer.
4. That in consideration of the acceptance of registration of me, no member of Sensory Sanctuary, or any officer, or any other person having the care or control of me shall be liable for damages for any injury or loss suffered by me while I am engaged in volunteering activities.
5. I agree to indemnify Sensory Sanctuary, and any and all of its officers and employees against all liability for damages arising out of or in connection with any injury suffered by me however caused while I am participating in volunteering activities.
6. I declare that I will only participate in volunteering activities whilst I am medically and physically fit and free from impairment and able to do so without causing an increased risk to the health and wellbeing of myself and other volunteers, officers, employees, members, donors, and vendors.
7. I agree that Sensory Sanctuary retains the right to publish and utilize data and images of my participation in fundraising activities for the purposes of promoting Sensory Sanctuary and its programs and events.

Dated this day of 20 \_\_\_\_

Signature of applicant \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed by all applicants**

I declare that I shall comply with all lawful and proper directions of Sensory Sanctuary, that I submit myself to complete a background check at no cost to me.

Dated this day of 20 \_\_\_\_

Signature of applicant