



## **MILKA CLARKE STROKE BRAIN TRAUMA FOUNDATION VOLUNTEER APPLICATION & WAIVER**

Please print clearly and answer each question so Milka Clarke Stroke Brain Trauma Foundation can best accommodate your volunteer time and effort. Please use black or blue ink.

Date: \_\_\_\_\_

NAME: \_\_\_\_\_

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

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

District \_\_\_\_\_

Parish: \_\_\_\_\_

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Over 18?   Y     N   Gender:

Male \_\_\_\_\_ Female \_\_\_\_\_

Physical Limitation:   Y     N   — If yes, please explain:

Emergency Contact:

\_\_\_\_\_  
Print Name & Relationship

Emergency

Phone: Home: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_

Applicant's Occupation: \_\_\_\_\_

Special Skills, Training, Interests or hobbies which might be helpful to Milka Clarke Stroke Brain Trauma Foundation: \_\_\_\_\_

All information on this application will be kept strictly confidential and will be used only in the management of Milka Clarke Stroke Brain Trauma Foundation.

## **General Volunteer Waiver of Liability**

This Release and Waiver of Liability (the "Release") executed on \_\_\_\_\_ date, by \_\_\_\_\_ (the "Volunteer") in favor of Milka Clarke Stroke Brain Trauma Foundation a non-profit organization, its directors, officers, employees, agents, and representatives, and their respective successors and assigns, heirs, executors, and administrators (collectively " Milka Clarke Stroke Brain Trauma Foundation.

The Volunteer desires to work as a volunteer for Milka Clarke Stroke Brain Trauma Foundation and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include but are not limited to providing transportation (using their own vehicle), support group, cooking, carrying and lifting items, participating in special events and fundraisers, and engaging in other activities relevant to Milka Clarke Stroke Brain Trauma Foundation.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby release and forever discharge and hold harmless Milka Clarke Stroke Brain Trauma Foundation and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise form Volunteer's Activities with Milka Clarke Stroke Brain Trauma Foundation.

Volunteer understands that this Release discharges Milka Clarke Stroke Brain Trauma Foundation from any liability or claim that the Volunteer may have against Milka Clarke Stroke Brain Trauma Foundation with respect to any bodily injury, personal injury, illness, death, or property damage that may result from the Volunteer's Activities with Milka Clarke Stroke Brain Trauma Foundation, whether causes by the negligence of Milka Clarke Stroke Brain Trauma Foundation or its officers, director, employees or otherwise.

Volunteer also understands that Milka Clarke Stroke Brain Trauma Foundation does not assume any responsibility for or obligation to provide financial assistance 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 discharge

Milka Clarke Stroke Brain Trauma Foundation 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 Milka Clarke Stroke Brain Trauma Foundation

**Assumption of Risk:** The Volunteer understands that the Activities include work that may be hazardous to the Volunteer, including, but not limited to transportation.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and release Milka Clarke Stroke Brain Trauma Foundation from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that Milka Clarke Stroke Brain Trauma Foundation does not carry or maintain health, medical, or disability insurance for any Volunteer.

**Photographic Release:** Volunteer does hereby grant and convey unto Milka Clarke Stroke Brain Trauma Foundation all rights, title, and interest in any and all photographic images and video or audio recordings made by Milka Clarke Stroke Brain Trauma Foundation during the Volunteer's Activities with Milka Clarke Stroke Brain Trauma Foundation including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of Jamaica and the Parish of Westmoreland that this Release shall be governed by and interpreted in accordance with the laws of Jamaica. 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 shall continue to be enforceable.

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

Volunteer Name (Print Please): \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ (if 18 or under)

Revised: 8-29-2015

## **Milka Clarke Stroke Brain Trauma Foundation Non-Discrimination Policy**

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Milka Clarke Stroke Brain Trauma Foundation is an equal opportunity organization and makes employment and volunteer decisions based on qualifications. We want to have the best available person in each position.

Milka Clarke Stroke Brain Trauma Foundation provides equal employment/ volunteer opportunities to all employees/volunteers and applicants for employment/volunteer opportunities without regard to race, color, religion, sex, national origin, age, disability, marital status or veteran status in accordance with applicable local and national laws governing non-discrimination in employment/volunteering.

This policy applies to all terms and conditions of employment/ volunteering, but not limited to, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

Milka Clarke Stroke Brain Trauma Foundation recognizes that the multicultural/multiracial nature of the residents of Jamaica has brought cultural, social and economic enrichment to the Parish. Milka Clarke Stroke Brain Trauma Foundation actively encourages the entire community to participate fully in employment/volunteer opportunities at all levels and it strives to reflect the multicultural/multiracial nature of the community in its work force.

Milka Clarke Stroke Brain Trauma Foundation expressly prohibits any form of unlawful employee/ volunteer harassment based on race, color, religion, sex, national origin, age, disability, marital status. Improper interference with the ability of Milka Clarke Stroke Brain Trauma Foundation employees/volunteers to perform the expected job duties is not tolerated.

Volunteer Signature: \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Coordinator: \_\_\_\_\_ Date \_\_\_\_\_

Milka Clarke Stroke Brain Trauma Foundation

Recognizing that Milka Clarke Stroke Brain Trauma Foundation serves a diverse multi-cultural and multi-generational clientele in economic hardships, I realize that the often well-meaning actions of volunteers can have unintended consequences. Therefore, in order to protect the image and credibility of Milka Clarke Stroke Brain Trauma Foundation,

I fully acknowledge that:

- A volunteer at Milka Clarke Stroke Brain Trauma Foundation serves at the pleasure of Milka Clarke Stroke Brain Trauma Foundation staff. A volunteer's service may be terminated at any time.
- A volunteer is encouraged to bring any concerns about policy and/or procedure to the immediate attention of the Volunteer Coordinator or any Executive staff Member.
- A volunteer will not under any circumstance accept payment from any client. Violation of this rule will result in termination of volunteer service.
- A volunteer at Milka Clarke Stroke Brain Trauma Foundation is not permitted under any circumstance to be alone with a client in their home unless they are a family member. You must always work in pairs. This is for the protection of Milka Clarke Stroke Brain Trauma Foundation and our esteemed volunteers. Violation of this rule will result in termination of volunteer service.
- A volunteer may not, under any circumstances make lewd or offensive jokes or comments referring to a client's age, race, ethnicity, color, creed, or religious beliefs. Violation of this rule will result in termination of volunteer service.
- A volunteer under the age of 18 may not travel with a representative of Milka Clarke Stroke Brain Trauma Foundation off site without the written consent of a parent or guardian.

\_\_\_\_\_  
Printed Name of Parent/Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_