



# VOLUNTEER APPLICATION

## Personal Information

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date of Application

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #  
\_\_\_\_\_  
City State Zip Code

If volunteering with an organization or group....

Associated Organization/Corporation: \_\_\_\_\_

Main Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How did you learn about the East Baton Rouge Council on Aging?

Are you volunteering for a specific event or program?  Yes  No

If yes, which event or program: \_\_\_\_\_

I'm interested in volunteering with (check all that apply)

Meals on Wheels  Office  Senior Center  Other (please specify): \_\_\_\_\_

## Emergency Contact

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

Phone: \_\_\_\_\_ Relation: \_\_\_\_\_

**East Baton Rouge Council on Aging**  
5790 Florida Blvd., Baton Rouge, LA 70806-4244  
Phone: (225) 923-8000 | Fax: (225) 923-8000  
www.ebrcoa.org | info@ebrcoa.org



# CONFIDENTIALITY AND RELEASE WAIVER AGREEMENT

## Confidentiality Agreement

As a volunteer of EBRCOA, I understand that there may be times I may come in contact with confidential and/or personal information. I acknowledge that the unauthorized disclosure of such information would violate EBRCOA's client's right to privacy. I hereby recognize that it is my responsibility to protect such information and pledge to keep such information in absolute confidence. I further acknowledge that should I violate this confidentiality agreement it may lead to an immediate termination from the volunteer program and legal action taken upon me by EBRCOA to the full extent of the law based on the severity of the damages.

## Release Waiver Agreement

I am to assist EBRCOA in its sponsored events and do so voluntarily. I agree to hold EBRCOA, its staff, volunteers, and participants harmless from all liability including those resulting in personal injuries, damages, claims and losses I may incur as a result of my participation in this sponsored event.

I further grant full permission to EBRCOA and its authorized agents to use my name, photographs, and voice recordings in connection with any publicity, training material, television production, internet, including company intranet and world-wide web exposure, or any other record of this event for any EBRCOA purpose. I further understand that no special compensation will be provided to me for use of my image or likeness and that I may not be informed of the specific use of my image.

**NOTE: Regardless of assignment/project placement, ALL volunteers are required to wear closed-toe shoes (no flip-flops) and appropriate clothing (no spaghetti straps, halter tops, cut-off shorts, etc.). Additionally, if serving food, participants are required to wear hair-nets and gloves.**

**If you are unable to perform the duties asked of you, it is required that you inform your project manager who will then attempt to locate appropriate placement matching your capabilities.**

\_\_\_\_\_  
Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

East Baton Rouge Council on Aging  
5790 Florida Blvd., Baton Rouge, LA 70806-4244  
Phone: (225) 923-8000 | Fax: (225) 923-8000  
www.ebrcoa.org | info@ebrcoa.org



# PHOTO RELEASE WAIVER AGREEMENT

In consideration of the use of my likeness, and for the other good and valuable consideration herein acknowledged as received, I hereby grant, in perpetuity, to the East Baton Rouge Council on Aging, its successors and assigns, exclusive authority and permission as follows:

I perpetually and irrevocably give East Baton Rouge Council on Aging, and its subsidiaries, affiliates, licenses, successors, assigns, agents, and contractors, my consent and authorization to use my likeness in any medium and for any purpose whatsoever.

I waive any rights to see or approve any recording of my likeness and any materials in which my likeness is used. I agree and understand that my likeness may be modified or distorted and that my own name, a fictitious name, or no name may be used in association with my likeness.

I irrevocably release, discharge, and hold harmless East Baton Rouge Council on Aging, and its subsidiaries, affiliates, licensees, successors, assigns, agents, and contractors from any claims, demands, or causes of action that I may have or may hereafter have for defamation, slander, libel, invasion of privacy or right of publicity, copyright infringement, or any other right arising out of or relating to the use of my likeness.

By signing this Release, I agree and represent that I can enter this contract in my own name, that I have read this Release and fully understand its contents, and that this Release shall be binding upon me and my heirs, legal representatives, and assigns.

\_\_\_\_\_  
Printed Name

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**East Baton Rouge Council on Aging**  
5790 Florida Blvd., Baton Rouge, LA 70806-4244  
Phone: (225) 923-8000 | Fax: (225) 923-8000  
www.ebrcoa.org | info@ebrcoa.org