



## Areas of Interest

Please identify the areas of service that interest you. (mark all that apply)

**Impact Unlimited**- Cookie and Craft Club

- Meets one Saturday a month during the school year and weekly during the summer from 9am to noon
- Middle School to college-aged

Office Support

Baker

Gardening

List additional special skills & talents (i.e., bi-lingual, photography, hobbies/crafts or computer skills)

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## Signatures and Authorization

**Trellis Supportive Care is not obligated to provide a placement, nor are you obligated to accept a position offered. Opportunities for volunteers are provided without regard to race, religion, gender, ethnic origin, disability, age, or sexual orientation.**

I understand that all volunteers represent Trellis Supportive Care and are subject to the rules, and regulations of the organization. I authorize Trellis Supportive Care to acquire additional information from references attached to this application, and I hereby release them, their companies and Trellis Supportive Care from any liability whatsoever concerning information obtained through this application. The information provided has been completed thoroughly and truthfully by the Teen Volunteer Program applicant. This application and any other documents obtained during the application process will remain confidential in the Trellis Supportive Care Volunteer Services Office. In addition, I agree to hold all information I may have access to about Hospice patients, clients, and families confidential and will not divulge any information to unauthorized persons.

Teen Applicant Name (Print): \_\_\_\_\_

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

## Publicity Release

At times, information concerning a volunteer may be used in a press release, for fundraising purposes, or other reasons deemed appropriate by Trellis Supportive Care. Submission of this application provides consent for Trellis Supportive Care to use the teen volunteer's name, title, portrait, picture, video image, photograph, or any reproduction likeness or quotation of the teen volunteer's remarks for public information, fundraising purposes, or other organizational programs as approved by Trellis Supportive Care.

Teen Applicant Name (Print): \_\_\_\_\_

Teen Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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