The Lifespan Development Centers™

Temporary Volunteer Application

Thank you for your interest in volunteer opportunities with The Lifespan Development Centers. Volunteers provide valuable support and assistance to staff and play a vital role in the success of the education of the children.

Name: _____
First Middle Initial Last

Address: _____

City: _____ State: _____ Zip Code: _____ Date of Birth:_____

Emergency Contact Information:

Name/Relationship: _____Phone: _____

Name/Relationship: _____Phone: _____

Conditions:
I agree to advise The Lifespan Development Centers (TLD Centers) in writing of any physical limitations which could affect or be affected by any volunteer activities I assume. I understand it is my responsibility to provide this information and I release TLD Centers from any liability for injuries or illnesses which result from my failure to advise TLD Centers in writing of any such limitations. I agree and understand that as a volunteer, TLD Centers is not obligated to provide me any payment or benefit for my services. I also agree to release TLD Centers from any liability in the event I am injured or suffer damage as a result of my volunteer activities. I agree not to pursue any claim or initiate any action against TLD Centers in the event I am injured or suffer damage as a result of the negligence of TLD Centers. I understand and agree that this is an express assumption of risk and this release and waiver is made on my own behalf and on behalf of my heirs, executors, representatives and assigns.

I under stand that TLD Centers may require alcohol, drug and substance abuse screening, and I consent to such an examination and authorize the release of the results of such an examination to TLD Centers.

I hereby authorize a law enforcement background check and investigation of all statements in this application and request any company, institution, or persons, including police agencies, contacted as part of this investigation to provide any and all pertinent information. To assure their cooperation, I hereby release them from all liability for any damage that may result from furnishing same to TLD Centers.

All information provided herein is true, correct and complete.

Dated: _____ Applicant: _____

Parent or Guardian Signature: _____
If Participant is Less Than 18 Years of Age