



Volunteer Information and Release Form

Please provide the following information as a **Volunteer** serving Atria Senior Living, Inc. ("Atria"):

Name: _____

Address: _____

Phone: (____) _____ - _____

In the event of an emergency, contact: _____ (____) _____ - _____
[Name of emergency contact] [Phone # of emergency contact]

SKILLS IDENTIFICATION: Please list any and all skills that you have acquired and would be willing to utilize as a volunteer:

SCHEDULE PREFERENCE: Please list work schedule preferences:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<input type="checkbox"/> half day <input type="checkbox"/> AM <input type="checkbox"/> PM							
<input type="checkbox"/> full day							
<input type="checkbox"/> Special Projects							

RELEASE

I affirm and agree that:

1. I am, and at all times shall remain, a volunteer and shall not be considered an agent or employee of Atria; and
2. I am not entitled to any wages and/or benefits from Atria during the term of this relationship with Atria; and
3. I am not covered by and worker's compensation policy or by any other benefit or insurance available to employees of Atria; and
4. I agree to release Atria _____ [name of Community], Atria Management Company, LLC, as well as their respective owners, affiliates and related entities and their respective officers, directors, agents or employees from any type of liability arising from or in any way connected with my volunteer work provided at Atria _____ [name of Community]. As such, I acknowledge that I enter into this activity of my own free will and at my own risk; and
5. I am currently in good health and am free from communicable diseases.

Signature of Volunteer

Date

Signature of Witness

Date

Signature of Parent/Legal Guardian
if Volunteer is a Minor (under 18)

Date

Signature of Witness

Date

APPROVED BY:

Executive Director

Date

Atria _____
[NAME OF COMMUNITY]