

# Mary Rose Mission

TO LOVE AS GOD LOVES



## Volunteer Registration

272 Main Street, Florence, Kentucky 41042  
859-292-0300

[volunteer@maryrosemission.org](mailto:volunteer@maryrosemission.org)  
[www.maryrosemission.org](http://www.maryrosemission.org)

Name (First and Last): \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Date of Service: \_\_\_\_\_ Are you here with a group? Who? \_\_\_\_\_

Are you Virtus Trained? \_\_\_\_\_ Did you sign up to work via our online calendar? \_\_\_\_\_

Are you at least 18 years old? \_\_\_\_\_ Home parish/church: \_\_\_\_\_

Would you like to receive our quarterly newsletters? \_\_\_\_\_ by mail **OR** \_\_\_\_\_ electronically

Occasionally we need volunteers for special projects. Would you have an interest in helping Mary Rose Mission if a need arises in any of the following areas? (check as many as apply)

- |                                      |                                                                |
|--------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Painting    | <input type="checkbox"/> Bulk mail sorting/stuffing envelopes  |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Sorting/organizing canned food drives |
| <input type="checkbox"/> Cleaning    | <input type="checkbox"/> Other (Please list) _____             |

### Consent of a Minor (if applicable, this section must be completed for any volunteer under the age of 18)

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

### Emergency Contact

Emergency Contact Name \_\_\_\_\_ Phone number \_\_\_\_\_

#### WAIVER and RELEASE OF LIABILITY

The Mary Rose Mission accepts volunteer placements through various resources. Some assignments involve strenuous and/or physical labor including, without limitation, lifting and climbing. I acknowledge my receipt of permission to volunteer for the Mary Rose Mission. I also acknowledge my understanding that my service as a volunteer on or about Mary Rose Mission properties or as a volunteer at a special event may expose me to various risks of injury or illness. In consideration of the permission and privilege allowed to me to serve as a volunteer, I agree and understand that I freely assume all risks, hazards, and losses which may befall me in connection with my exercise of the permission and privilege allowed to me by Mary Rose Mission, and I agree not to hold the Mary Rose Mission, its agents, employees or volunteers liable for risk, hazard, illness, property damage and/or loss. I understand that this Waiver and Release of Liability extends to an applies to any personal injuries, injurious results, damage or losses which I may experience or sustain while engaged in training for volunteer service or while engaged in serving as a volunteer for the Mary Rose Mission. I promise for myself, my estate, executor, heirs, and assigns not to sue or initiate any claim procedure against Mary Rose Mission, its agents, employees, volunteers, assigns, or successors with respect to any risk, hazard, loss, injury, illness, or property damage I may experience or sustain arising directly or indirectly out of my volunteer activities.

#### CONFIDENTIALITY STATEMENT

With your signature, you agree that agency/client information is to be considered confidential and proprietary. You will not disclose, publish, or otherwise reveal any information that can be identified as such without written authorization by the Mary Rose Mission.

#### PERMISSION TO PHOTOGRAPH

I give my permission for the Mary Rose Mission to use my photograph and name in publication, website, video, brochure, or any promotional material produced by them or other press release distributed by the media.

By signing below, I acknowledge that all the information on the Volunteer Application is correct and that I have reviewed and agree to abide by the Mary Rose Mission Service Guidelines, Customer Service Guidelines, Confidentiality Statement and all Waiver and Release of Liability terms listed on this form.

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

Date \_\_\_\_\_