

ARE YOU A STUDENT? _____ IF YES, SCHOOL NAME: _____

WHAT GRADE ARE YOU IN? _____

HAVE YOU DONE VOLUNTEER WORK AT ANOTHER ORGANIZATION? _____

IF YES, WHERE, WHEN AND WHAT DID YOU DO? _____

LIST ANY HOBBIES OR INTERESTS: _____

WHAT SKILLS, TRAINING OR KNOWLEDGE DO YOU WISH TO UTILIZE HERE? _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER? _____

AREAS OF INTEREST (check up to four)

- Community Relations Volunteer Coordination Dining Services Resident Relations
 Event Coordination Newsletter Publications Photography Other/specify:

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

PHONE NUMBER: _____ CELL: _____

REFERENCES

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ NO. OF YEARS KNOWN: _____

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ NO. OF YEARS KNOWN: _____

NAME: _____ PHONE NUMBER: _____

RELATIONSHIP: _____ NO. OF YEARS KNOWN: _____

ADDITIONAL INFORMATION

Please write any additional information not covered in this form that you would like us to know.

VOLUNTEER APPLICANT STATEMENT AND SIGNATURE

I CERTIFY THAT THE ANSWERS I HAVE GIVEN IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I ACKNOWLEDGE THAT MISREPRESENTATION OR OMISSION OF ANY INFORMATION MAY BE A CAUSE FOR MY REJECTION FROM VOLUNTEER SERVICE OR MAY RESULT IN MY SUBSEQUENT DISMISSAL IF I AM ACCEPTED INTO VOLUNTEER SERVICE.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPLICANT NAME (PLEASE PRINT): _____

**EACH PARTICIPANT MUST HAVE A SIGNED "RELEASE AND WAIVER OF LIABILITY" ON FILE. PLEASE COMPLETE THE RELEASE AND WAIVER FORM AND SUBMIT IT ALONG WITH THIS APPLICATION. APPLICATION IS NOT VALID IF WAIVER IS NOT SIGNED.
THANK YOU!**

AUTHORIZATION, RELEASE AND WAIVER

To ensure the safety of our employees and residents, all volunteer applicants 18 years of age and older must complete this section before the application can be processed. If an applicant is under the age of 18 years old, a parent or legal guardian must sign the Waiver of Liability (pages 5 and 6) on the applicant's behalf.

AUTHORIZATION AND RELEASE

All applicants (18 years of age and older) must read and agree below:

I agree not to publish or disclose to anyone outside of Capri Communities any confidential or business information or material from or regarding Capri Communities, its affiliate organizations or residents except with Capri Communities' written permission.

I agree to conform to the instructions, rules and policies as provided by Capri Communities. I understand that either the volunteer or the organization may at any time, for whatever reason, discontinue the volunteer service relationship.

I understand that as part of the volunteer application process, Capri Communities and the entities it serves will conduct a background check with could include a criminal background check on me. I hereby authorize Capri Communities and any of its affiliate organizations to conduct a criminal background check on me and to communicate the results of the criminal background check to Capri Communities. I understand that the criminal background check may be conducted by any one or more methods, including but without limitation, using government and private databases and services. I understand that a criminal background check may be undertaken at any time, and may be repeated from time-to-time, while I am associated with Capri Communities.

I hereby release and hold harmless Capri Communities, its affiliated organizations and their respective employees and agents from any and all liability whatsoever arising from or relating in any way to: any person or entity conducting the criminal background check, the disclosure of information resulting from the criminal background check, and any action which may be taken by any individual or entity based upon that information.

I understand that, given the sensitivity of the market that Capri Communities serves, a misdemeanor or felony conviction may or may not necessarily bar me from serving as a volunteer and it will be reported to and held confidentially by the management of the site at which I will be volunteering.

I have read and understand and commit to the terms stated above. I declare that my answers and all statements made by me herein are true and correct.

Yes, Capri Communities may use images of me, captured during resident activities or other related activities involved in my volunteerism, to be used solely for the purposes of promotional materials and public relations including its websites or community newsletters.

SIGNATURE OF APPLICANT: _____ DATE: _____

APPLICANT NAME (PLEASE PRINT): _____

WAIVER OF LIABILITY

To ensure the safety of our employees and residents, all volunteer applicants must complete this section before the application can be processed. If an applicant is under the age of 18 years old, a parent or legal guardian must sign the Waiver of Liability included below.

PLEASE READ WAIVER CAREFULLY

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____, by _____ (the "Volunteer") in favor of CAPRI COMMUNITIES LLC, an organization that exists under the laws of the State of Wisconsin, its directors, officers, employees and agents (collectively, "CAPRI COMMUNITIES LLC").

I, the Volunteer, desire to work as a Community Volunteer and engage in the activities related to being a volunteer with CAPRI COMMUNITIES LLC.

I hereby freely and voluntarily, without duress, execute this Release under the following terms:

- 1. Waiver and Release.** I, the Volunteer, release and forever discharge and hold harmless CAPRI COMMUNITIES LLC and its successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my work for CAPRI COMMUNITIES LLC.

I understand and acknowledge that this Release discharges CAPRI COMMUNITIES LLC any liability or claim that I, the Volunteer, may have against CAPRI COMMUNITIES LLC with respect to any bodily injury, personal injury, illness, death or property damage that may result from my participation as a Community Volunteer for CAPRI COMMUNITIES LLC, whether caused by the negligence of CAPRI COMMUNITIES LLC or its directors, officers, employees, or agents or otherwise. I also understand that CAPRI COMMUNITIES LLC does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance, in the event of injury, illness, death or property damage (see insurance requirements below).

- 2. Insurance.** I, the Volunteer, understand that, except as otherwise agreed to by CAPRI COMMUNITIES LLC in writing, CAPRI COMMUNITIES LLC does not carry or maintain health, medical or disability insurance coverage for any volunteer.
- 3. Medical Treatment.** Except as otherwise agreed to by CAPRI COMMUNITIES LLC in writing, I hereby release and forever discharge CAPRI COMMUNITIES LLC from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my time with CAPRI COMMUNITIES LLC.
- 4. Assumption of the Risk.** I hereby expressly and specifically assume the risk of injury or harm in all activities performed during my service and release CAPRI COMMUNITIES LLC from all liability for injury, illness, death or property damage resulting from the activities of my time with CAPRI COMMUNITIES LLC.
- 5. Photographic Release.** I grant and convey unto CAPRI COMMUNITIES LLC all right, title, and interest in any and all photographic images and video or audio recordings made by CAPRI COMMUNITIES LLC during my work for CAPRI COMMUNITIES LLC, including but not limited to any royalties, proceeds, or other benefits derived from such photographs or recordings.

6. **Other.** I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Wisconsin in the United States of America, and that this Release shall be governed by and interpreted in accordance with such laws. I agree that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

To express my understanding of this Release, I sign here with a witness.

VOLUNTEER NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

PARENT OR LEGAL GUARDIAN NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

(If Volunteer is under the age of 18 years old, a parent or legal guardian must also sign.)

WITNESS NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____