



Name \_\_\_\_\_

# Volunteer Application

<b>Office use Only:</b>	
Date Received: _____	Date of Background check: _____
Date Reviewed: _____	Reviewed by: _____
Reviewed by _____	
<input type="checkbox"/> Accepted <input type="checkbox"/> Declined	Cleared <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Started _____	

Please email completed application to  
[angela@bigherotx.org](mailto:angela@bigherotx.org)



## **Volunteer opportunities at BiG Heroes:**

Thank you so much for your interest in BiG Heroes. Volunteers can help in many ways at BiG Heroes. Some of the duties you may be asked to assist with are listed below:

- Climbing stairs to our second floor
- Carrying items upstairs
- Cleaning such as dusting and sweeping
- Organizing areas of the building
- Lifting items, no more than 25 pounds
- Moving furniture
- Standing for periods of time
- Physical activity
- Working outdoors in heat
- Gardening duties such as planting, weeding, and watering outdoors.
- Assisting in the classroom such as helping teacher with activity or assisting a member.
- Working with our members on various activities or assignments.
- Assist staff with computer technology needs such as creating spreadsheets/forms, developing flyers for events, etc.
- Wrapping products to be sold
- Other duties as needed.

**Please email the completed application to:**  
**[angela@bigherotx.org](mailto:angela@bigherotx.org)**



## Volunteer Application

### Personal Information:

Name: \_\_\_\_\_

Female  Male  Other  Prefer Not to Answer

Cell Phone: \_\_\_\_\_ DOB: \_\_\_\_\_

TDL \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company/School: \_\_\_\_\_ Grade Level: \_\_\_\_\_

Please check and select all prior experience and/or select all that apply:

Degree(s) (List): \_\_\_\_\_

Certificate(s) (List): \_\_\_\_\_

License(s) (List): \_\_\_\_\_

Current Student (Program of Study): \_\_\_\_\_

None

### Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



**Additional Information:**

List your special hobbies, skills, and talents: \_\_\_\_\_

What languages do you speak fluently?  English  Spanish  Other \_\_\_\_\_

Work experience: \_\_\_\_\_

**How did you hear about us?**

Website  Online Search  Other: \_\_\_\_\_

Member (HERO)/Staff (if so whom) \_\_\_\_\_  Other \_\_\_\_\_

**When are you available to volunteer?** (Program Hours are Tues-Wed-Thurs 9:30 am-2:30 pm)

Fill All that Apply	Tuesday	Wednesday	Thursday	Possible Weekends
Times Available				

**What Area Interests You:**

**Classroom Assistance:**  Academics  Handcrafts  Job Skills  Life Skills  Visual Arts   
Gardening  Music  Dance  Theater  Other \_\_\_\_\_

**Non-Class tasks:**  Lunch Assistant  Office Assistance  Event Rehearsals  Field Trip Chaperone   
Grant Writing  Webmaster  Social Media  Marketing/PR  Computer Support  Bookkeeping  
 Fundraising/In-Kind Donations  Community Liaison  Other \_\_\_\_\_

**Special Events (Fundraisers, Field Trips, Etc.):**  Event Prep  Publicity  Registration Table  
 Photo/Video  Set-up/Take down

Have you ever worked with individuals with an intellectual disability and/or autism?  Yes  No (Explain): \_\_\_\_\_



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What motivated you to seek out the opportunity to volunteer at BiG Heroes?

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Please list any special skills, training, or experience that you would be willing to share at BiG Heroes (i.e., arts/crafts, website, social networks, marketing, etc.). \_\_\_\_\_

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**Confidentiality Agreement:**

The undersigned understands and agrees that certain information regarding BiG Heroes’ participants must be kept confidential to respect and protect their identities. You agree to refrain from disclosing personal information, including the names, diagnoses, personal histories, and addresses of participants as well as any photography, audio, or video recordings to anyone that is not directly affiliated with BiG Heroes unless prior permission is granted.

I, \_\_\_\_\_, have read, understand, and voluntarily accept this agreement.

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

**\*\*You will also be asked to meet with our Director Martha Gonzalez.**



*BiG Heroes does not discriminate on the basis of race, color, ethnicity, religion, age, sex (including gender), national origin or ancestry, disability, or any other characteristic protected under applicable federal, state, or local law in its admissions policies or program. It is our duty to the members of the program to select qualified volunteers that will provide a fun and safe environment for the success of the program. We reserve the right to select volunteers who fit this criteria as determined in our sole and absolute discretion in accordance with our policies.*

**VOLUNTEER**

**AUTHORIZATION FOR BACKGROUND CHECK**

**Please read and sign this form in the space provided below. Your written authorization is necessary for completion of the application process. Please provide a copy of identification to BiG Heroes.**

I, \_\_\_\_\_, hereby authorize BiG Heroes to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that BiG Heroes will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my volunteer application will not be processed further.

\_\_\_\_\_

Signature of Volunteer

\_\_\_\_\_

Date

\_\_\_\_\_

Volunteer Name - Printed



## RELEASE AND WAIVER OF LIABILITY

The individual named below (referred to as "**I**" or "**me**") desires to enter the property owned by BiG HEROES (the "**Owner**"), located at 5552 Dockberry Road, Brownsville, Texas 78521 (the "**Property**"), for the purpose of volunteering at the BiG HEROES program (the "**Activity**"). In consideration of being permitted by the Owner to enter the Property and participate in the Activity, and in recognition of the Owner's reliance hereon, I agree to the terms and conditions:

1. I AM AWARE AND UNDERSTAND THAT ACCESSING THE PROPERTY AND PARTICIPATING IN THE ACTIVITY MAY INVOLVE THE RISK OF SERIOUS INJURY, DISABILITY, DEATH, AND/OR PROPERTY DAMAGE. I ACKNOWLEDGE THAT ANY INJURIES THAT I SUSTAIN MAY RESULT FROM OR BE COMPOUNDED BY THE ACTIONS, OMISSIONS, OR NEGLIGENCE OF THE OWNER, INCLUDING NEGLIGENT EMERGENCY RESPONSE OR RESCUE OPERATIONS OF THE OWNER. NOTWITHSTANDING THE RISK, I ACKNOWLEDGE THAT I AM VOLUNTARILY ACCESSING THE PROPERTY AND PARTICIPATING IN THE ACTIVITY WITH KNOWLEDGE OF THE DANGER INVOLVED AND HEREBY AGREE TO ACCEPT AND ASSUME ANY AND ALL RISKS OF INJURY, DISABILITY, DEATH, AND/OR PROPERTY DAMAGE ARISING THEREFROM, WHETHER CAUSED BY THE ORDINARY NEGLIGENCE OF THE OWNER OR ANY RELEASEE OR OTHERWISE.

2. I hereby expressly waive and release any and all claims, now or hereafter known, against the Owner, and its directors, employees, agents, affiliates, successors, and assigns (collectively, "**Releasees**"), on account of injury, disability, death, or property damage arising out of or attributable to my being on the Property or my participation in the Activity, whether arising out of the ordinary negligence of the Owner or any Releasees or otherwise. I covenant not to make or bring any such claim against the Owner or any other Releasee, and forever release and discharge the Owner and all other Releasees from liability under such claims. This waiver and release does not extend to claims for gross negligence, willful misconduct, or any other liabilities that Texas law does not permit to be released by agreement.

3. I agree that I will follow all instructions of any onsite property manager or other representative or agent of the Owner while on the Property.

4. I hereby consent to receive medical treatment deemed necessary if I am injured or require medical attention while on the Property. I understand and agree that I am solely responsible for all costs related to such medical treatment and any related medical transportation and/or evacuation. I hereby release, forever discharge, and hold harmless the Owner from any claim based on such treatment or other medical services.

5. This Release constitutes the sole and entire agreement of the Owner and me with respect to the subject matter contained herein and supersedes all prior and contemporaneous understandings, agreements, representations, and warranties, both written and oral, with respect to such subject matter. If any term or provision of this Release is invalid, illegal, or unenforceable in any jurisdiction, such invalidity, illegality, or unenforceability shall not affect any other term or provision of this Release or invalidate or render unenforceable such term or provision in any other jurisdiction. This Release is binding on and shall inure to the benefit of the



Owner and me and our respective successors, assigns, heirs, executors, and personal representatives. All matters arising out of or relating to this Release shall be governed by and construed in accordance with the internal laws of the State of Texas without giving effect to any choice or conflict of law provision or rule (whether of the State of Texas or any other jurisdiction). Any claim or cause of action arising under this Release may be brought only in the federal and state courts located in Cameron County, Texas and I hereby consent to the exclusive jurisdiction of such courts.

**BY SIGNING, I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTOOD ALL OF THE**

**Signed:**

\_\_\_\_\_  
**Printed Name:**

\_\_\_\_\_  
**Address:**

\_\_\_\_\_  
**Date:** \_\_\_\_\_

**Please email completed application to:**

**[angela@bigherotx.org](mailto:angela@bigherotx.org)**

**TERMS OF THIS RELEASE AND THAT I AM VOLUNTARILY GIVING UP SUBSTANTIAL LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE THE OWNER.**