



Enriching Lives | Maximizing Potential

**Quest, Inc.**

**Individual Volunteer (Over Age 18) Application**

Please complete this application form if you are interested in becoming a Quest volunteer.

**Volunteer Contact Information**

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Driver's License State \_\_\_\_\_ DL# \_\_\_\_\_

Office Use Only	
Residential	_____
Camp	_____
Vocational	_____
Office	_____
Background	_____
Check Required	_____
Background	_____
Approved By:	_____

**Availability** (Please indicate the best day(s) and time(s) for you)

- Mon.            Tues.            Wed.            Thurs.            Fri.            Sat.            Sun.    **OR**
- Any Weekday            Any Weekend            AM Only            PM Only    **OR**
- Specific Date(s) \_\_\_\_\_ Specific Time(s) \_\_\_\_\_

**Emergency Contact Information** (In the event of an emergency, whom should we notify?)

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Employment**

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Retired?    Yes    No

May we call at work?    Yes    No

Applicant's Signature \_\_\_\_\_

Date \_\_\_\_\_



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**Photo Release**

I give Quest, Inc. specific permission to use photographs that may be taken of me or in which I may be included with other people, in any form or type of distribution, either by themselves or with other photographs, unless specified in space below (if additional space is needed, please attach separate sheet):

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I waive my right to inspect or approve the photographs, publications, or electronic media that may be used in conjunction with them now or in the future. Photography will remain in the marketing photo library, and Quest has the right to use it as long as we find it suitable and appropriate. The Quest marketing department has ultimate approval of the imagery to be used in print, electronic and other materials that Quest produces and distributes to ensure quality standards.

I represent that I am over the age of 18 and have read and understand the contents of this release.

I represent that the person being photographed is a minor, and I am the parent or guardian and have read and understand the contents of this release.

I acknowledge that photo release forms will be annually renewed during the support or habilitation plan review. Special authorization will be requested for all marketing materials and must be renewed prior to reissue.

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Print Name of Person Being Photographed

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Print Name of Parent/Guardian (if applicable)

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Signature of Person Being Photographed

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Signature of Parent/Guardian (if applicable)

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Phone

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Date

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Email



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### Release and Waiver

This Release and Waiver of Liability (the “Release”), executed on this day by the volunteer named below (the “Volunteer”) and Quest, Inc. a nonprofit corporation, its directors, officers, employees, and agents.

The Volunteer desires to participate in Quest, Inc.’s Volunteer Program, and the activities related to the work.

1. Waiver and Release. Volunteer does hereby release and forever discharge and hold harmless Quest, Inc. 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 Volunteer’s participation in Quest, Inc.’s Volunteer Program. Volunteer understands that Release discharges Quest, Inc. from any liability or claim that the Volunteer may have against Quest, Inc. with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer’s participation in Quest, Inc.’s Volunteer Program. Volunteer also understands that Quest, Inc. 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.
2. Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Florida, and that this release shall be governed by and interpreted in accordance with the laws of the State of Florida. Volunteer agrees 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.

Volunteer Name (Print) \_\_\_\_\_

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

Volunteer Email \_\_\_\_\_ Phone \_\_\_\_\_

### Agreement Section

I certify that the answers given by me to all questions on this application and any attachments are, to the best of my knowledge and belief, true and correct and that I have not knowingly withheld any pertinent facts or circumstances. I understand that any omission or misrepresentation of fact in this application may result in refusal or separation from volunteer service upon discovery thereof.

I Agree

Please submit completed form to:

**Katie Moore**

Events and Volunteer

Manager

katie.moore@questinc.org

ph. 407.218.4369

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