Socialization is important at any age. Being a friend to a resident can make a huge difference in the lives of Holly Hall Residents. Volunteers and activities give them something special to look forward to. This is especially true for those residents whose family does not live close by or are no longer able to visit. Volunteers are a vital part of the Holly Hall community and bring joy to the lives of residents by “adding years to life and life to years.”

**Volunteer Schedule:**

**Monday- Friday**
- Morning Shift: 9:30 am- 11:30 am
- Afternoon Shift: 2 pm- 4 pm

**Saturday**
- 9:30 am- 11:30 am

**Sunday**
- 1:30 pm- 3:30 pm

All volunteers will be assisting Holly Hall’s Resident Activities Staff. You will be responsible for set up and tear down of activities. Volunteers assist residents travel to the activity room for scheduled events. You will also sit with and assist residents during the activities. Active participation in activities builds enthusiasm and engages residents.

**Volunteer Requirements:**
- Submit a full application and complete an onsite orientation.
- All Volunteers must complete a criminal background check and a TB test prior to volunteer service.
- Volunteers must be 12 years of age and older.
- **UPDATE:** Volunteers will be required to wear a mask while on campus and show proof of vaccination to COVID; or negative COVID test (September 2022).

Please complete the volunteer application, criminal background check form and parental consent form if applicable. Applications can be returned to:

Hayley Hall  
Director of Development  
2000 Holly Hall Street  
Houston, TX 77054

Or emailed to: hhall@hollyhall.org

Once returned you will be contacted to confirm receipt of application and to schedule your orientation and TB test.
HOLLY HALL RETIREMENT COMMUNITY
VOLUNTEER APPLICATION

Name: __________________________________________________________________________  DOB:_________________

Address: _____________________________________________________________________________  Street __________________

City, State, Zip _____________________________________________________________________________

Telephone (____)_______________ Cellular (____)_______________ Email: _______________________________________

School/ Employer: ___________________________________   Church Affiliation: ___________________________________

Best time to call: ___________ AM or PM  □ Home  □ Cellular  □ Other ________________

Availability: □ Monday □ Tuesday □ Wednesday □ Thursday □ Friday

□ Weekday Morning Shift: □ Weekday Afternoon Shift □ Saturday □ Sunday

9:30 am- 11:30 am     2 pm- 4 pm       9:30 am- 11:30 am    1:30 pm – 3:30 pm

Other: ____________________________________________

Are you required to complete a specific number of hours? _____ If yes, how many: ______________________________

Check all volunteer opportunities that you would like to participate in:

□ Bible study/devotional          □ Write letters          □ Arts & Crafts
□ Call bingo or crossword puzzles □ Cooking                  □ Library volunteers
□ Help with exercise             □ Walking buddy          □ Reading for residents
□ Sing along leader              □ Go on field trips       □ Play trivia games
□ Gardening activities           □ Play board games/cards □ Work in Holly Shoppe (convenience store)
□ Other Interests: _____________________

What work experience or other volunteer experience do you have?
_______________________________________________________________________________________________________

How did you hear about Holly Hall? _________________________________________________________________________
_______________________________________________________________________________________________________

References: __________________________________________________________________________________________

Name    Phone Number   Relationship
________________________________________________________________________________________

Name    Phone Number    Relationship
________________________________________________________________________________________

If you are 18 and older, do you give permission to Holly Hall to perform a criminal background check?  (This information will be used, in part, to determine your eligibility for a volunteer position with Holly Hall.) □ Yes □ No

Have you ever been convicted of or been on deferred adjudication for a felony or misdemeanor; or are you now either awaiting trial for a felony or misdemeanor?  □ Yes □ No

I hereby certify that the information I supplied in this application is true, complete, and correct to the best of my knowledge and I understand that any information I withheld or falsely provided in connection with the foregoing application shall be cause of rejection of this application or termination of volunteer status.  I hereby authorize Holly Hall, without liability, to contact prior employers (present employers if authorized), schools or references I have given and authorize said employers, schools, or reference to make full response to any inquiries by Holly Hall in connection with this application for volunteer service, including police records.

Revised 7/2018
PLEASE READ CAREFULLY! THIS DOCUMENT AFFECTS YOUR LEGAL RIGHTS!

This release and waiver of liability is being executed today by the undersigned in favor of Holly Hall, a Texas non-profit corporation, Holly Hall Association, their Directors, Officers, Employees, volunteers, and agents (together, “Holly Hall”) for the activities described attached as the Holly Hall Volunteer Activities form. The undersigned wants to engage in activities associated with Holly Hall programs or special events which may include operating tools or equipment, working in the Holly Hall offices or at other sites associated with Holly Hall programs or special events, traveling to or from such offices or sites, and working with people with disabilities. The Undersigned hereby freely, voluntarily and without duress executes this Release and Waiver under the following terms:

GENERAL RELEASE AND WAIVER: The Undersigned releases and forever discharges and holds harmless Holly Hall 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 the Undersigned’s activities with Holly Hall. The Undersigned understands that this Releases discharges Holly Hall from any liability or claim that the Undersigned may have against Holly Hall with respect to bodily injury, personal injury, illness, infection, death, or property damage that may result from the Undersigned’s activities with Holly Hall, whether caused by the negligence of Holly Hall or its Directors, Officers, Employees or Agents or otherwise. The Undersigned also understands that Holly Hall does not assume any responsibility for or obligation to provide any financial assistance or other assistance, including, but not limited to medical, health, or disability insurance in the event of injury or illness.

INDEMNIFICATION: The Undersigned shall indemnify, defend, and hold harmless Holly Hall, its Directors, Officer, Employees and Agents and its successors and assigns from any and all liability, claims, costs and losses, whether related to property damage, personal injury or death, arising from the Undersigned’s activities with Holly Hall, whether caused by the willful or negligent acts of Undersigned or the negligent acts of Holly Hall or its Directors, Officers, Employees or Agents. This provision shall survive the term of this agreement.

Medical Treatment: The Undersigned releases and forever discharges Holly Hall from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Undersigned’s activities with Holly Hall.

Media Release: The Undersigned agrees to the digital, print, or other medium use of their likeliness by the Agency and waives all rights and interests in such materials.

Assumption of Risk: The Undersigned understands that the activities include work that may be hazardous to the Undersigned, including, but not limited to, loading and unloading, operation of equipment and tools, transportation to and from programs and/or sites, performing errands, and exposure to disease or illness. The Undersigned expressly and specifically assumes the risk of injury or harm inherent in the activities and releases Holly Hall from all liability for injury, illness, and death or property damage resulting from the activities.

Insurance: The Undersigned understands that Holly Hall does not carry or maintain health, medical or disability insurance coverage for any Undersigned, except as otherwise agreed to by Holly Hall in writing. The Undersigned is expected to and encouraged to obtain his or her own medical or health insurance coverage.

Confidentiality: The Undersigned understands that information regarding Holly Hall’s clients, donors and staff’s personal healthcare, financial and related information is confidential and agrees to keep all such information confidential. Accordingly, the unauthorized disclosure of such information is grounds for immediate termination as a volunteer and could result in legal action against the Undersigned.

Other: The Undersigned expressly agrees that the Release and Waivers are intended to be as broad and inclusive as permitted by the laws of the State of Texas and shall be governed by and interpreted in accordance with the laws of the State of Texas. The Undersigned agrees that in the event that any clause or provision of this document is 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 document which shall continue to be enforceable. The Releases and Waivers are binding on the Undersigned and his or her successors, heirs, personal representatives, or assigns.

_________________________________   _____________________________________     ___________________
Signature          Print Name                                                            Date