

**ORANGE VILLAGE**  
**C.A.R.E.S.**  
**APPLICATION FOR VOLUNTEER PROGRAM SERVICES AND**  
**WAIVER & RELEASE**

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

Contact Person (If Different from Individual Requesting Assistance): \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ Alternate Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

E-Mail Address: \_\_\_\_\_

Describe the Assistance/Services that are requested/needed: \_\_\_\_\_

\_\_\_\_\_

How long do you expect this service to be required: \_\_\_\_\_

\_\_\_\_\_

I, hereby, for myself, my heirs, executors, administrators, and assigns do hereby release, waive, hold harmless and/or forever discharge Orange Village, Ohio, its officials and employees for any and all rights, claims, and causes of action that may arise or result, directly or indirectly, from my participation in the Orange Village Volunteer Program and/or the receipt of volunteer assistance.

**THE UNDERSIGNED HAS CAREFULLY READ AND VOLUNTARILY SIGNS THIS  
APPLICATION AND WAIVER & RELEASE AND FULLY UNDERSTANDS ITS  
CONTENTS AND MEANING**

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

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

Date Signed: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_-\_\_\_\_ E-Mail Address: \_\_\_\_\_

***Please return this Application to:***

**Anna Girardi, Orange Village, 4600 Lander Road, Orange Village, Ohio 44022**  
Please call Anna Girardi at 440-498-4400 with any questions.