

RECIPIENT APPLICATION

City of Lincoln—Aging Partners
600 S. 70th St., Bldg. 2, Lincoln, NE 68510 • Phone: 402-441-6076 or 402-441-7575

| Instructions: Print or Type Responses | Mark with "X" where appropriate |
|---|--|
| Name (<i>first, middle initial, last</i>): | Home Phone: _____ Mobile Phone: _____ Can you be contacted via text: <input type="checkbox"/> Yes <input type="checkbox"/> No E-mail: _____ |
| Are you 19 years of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of Birth: _____ Gender: _____ |
| Current Occupation and Employer Name (if any): | Current living arrangements (spouse, roommate, etc.): |
| Street Address (<i>include apartment number</i>): | City: _____ State: _____ Zip: _____ |
| Preferred Language: | |
| What type of volunteer connection or assistance are you interested in? <input type="checkbox"/> Grocery pickup and delivery <input type="checkbox"/> Telephone/Video calls <input type="checkbox"/> Weekly stop-by <input type="checkbox"/> Prescription pickup and delivery <input type="checkbox"/> Library Book pickup <input type="checkbox"/> Other: _____ <i>No transportation or entry of the residence shall be permitted through this program at this time.</i> Is there any other information you would like to share: _____ | |
| Individual's Availability: Hours desired per Day: _____ Week: _____ Month: _____ Weekdays: Morning: _____ Afternoon: _____ Evening: _____ Weekends: Morning: _____ Afternoon: _____ Evening: _____ | |
| References: Please provide references (not relatives) who are able to supply information about you. Name: _____ Address: _____ Phone: _____ Name: _____ Address: _____ Phone: _____ | |
| Emergency Contact Information (<i>Relationship to you</i>): _____ Name: _____ Address: _____ Phone: _____ | |

Please read and sign: I have read the above application and certify to the truth of the above statements. If I am chosen to be a part of the volunteer program, I hereby take on the responsibility of adhering to any rules required. I further understand that any false or misleading statements or failure to disclose information will be cause for rejection of this application. I authorize and request any reference to answer any and all questions that may be asked, and I hold such persons harmless for giving all information within their knowledge or record. I authorize any other investigation to determine my suitability as a recipient of volunteer assistance.

Signature of Applicant: _____ **Date:** _____

WARNING OF RISK, WAIVER, AND RELEASE OF ALL CLAIMS (RECIPIENT)

Assumption of Risk and Release of Claims

The undersigned is fully aware and understands the specific risks associated with being a recipient in the volunteer program, including physical injury, sickness (including COVID-19), and death, and that this activity may be hazardous to the undersigned. The undersigned agrees to assume and accept the full risks associated with being a recipient in the volunteer program without limitation, or in the alternative waives all rights to notice of risks associated with this volunteer activity and any activities connected or associated with this volunteer program, including any loss or damage to clothing and/or personal equipment; any mental and/or physical injuries, including illness, permanent and/or partial disability; severe social and/or economic loss; attorney's fees; and/or any other damages or loss which may result not only from actions, inactions or negligence, of the undersigned, volunteers, or of others, or in the condition of the premises or of any equipment used. The undersigned agrees to waive and relinquish all claims the undersigned may have as a result of or related to being a recipient of the volunteer program against the City of Lincoln and their officials, officers, agents, volunteers, and employees. The undersigned further assumes all the foregoing risks and accepts personal responsibility for all costs associated with the risks or injuries that the undersigned incurs or causes.

Indemnification

To the fullest extent permitted by law, the undersigned shall indemnify, covenant not to sue, defend, release, and hold forever harmless City of Lincoln or their officers, agents, volunteers, and employees, as well as the neighbor they are serving, from and against claims, damages, losses, and expenses, including but not limited to attorney's fees, arising out of or resulting from being a recipient of the volunteer program, that results in any claim for damage whatsoever, including without limitation, any bodily injury, sickness, disease, death, or any injury to or destruction of tangible or intangible property, including any loss of use resulting therefrom that is caused in whole or in part by the intentional or negligent act or omission associated therewith.

Insurance Coverage

The undersigned understands the City of Lincoln undertakes no liability or financial obligation as a result of the volunteer activity. The undersigned's health, homeowners, umbrella, and auto insurance (if any) shall provide primary coverage in the event of any injuries or losses to the undersigned, the volunteer, or others arising out of the volunteer activity.

Effect of Waiver and Release

This Waiver and Release shall be construed and enforced in accordance with the laws of the State of Nebraska; contains the entire understanding of the parties superseding any prior negotiations; shall be read as broadly and inclusively as permitted by law; and in the event any provision is rendered invalid, the remainder shall still remain valid and enforceable to the fullest extent of the law.

Acknowledgment and Capacity

The undersigned hereby acknowledges and represents unqualified authority to execute the same on their own behalf or on behalf of any family members receiving benefit from the assistance of the volunteer program. The undersigned has read, fully understood, and freely agrees to this Warning of Risk, Waiver, and Release of All Claims.

Recipient Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____

RECIPIENT GUIDELINES

City of Lincoln—Aging Partners

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Recipient Guidelines

Recipients shall follow all safety and health precautions related to COVID-19.

Recipients shall inform volunteers and Aging Partners if they feel unwell, display symptoms of illness, or suffer any injuries related to the volunteer activity.

Recipients understand that volunteers are not medical professionals and that any issues related to medical conditions should be raised to their medical providers or through calls for emergency assistance if necessary.

Recipients should not allow volunteers to enter their residences except under emergency circumstances.

Recipients shall not request that volunteers drive them or undertake any risky errands or activities under any circumstances.

Recipients shall immediately bring all concerns to Aging Partners regarding any issues with volunteers or the volunteer activity.

Indemnification and Consent

Recipients consent to use of their name, statements, image, voice, videos, and likeness for promotion of the volunteer program without further consent or prior knowledge of use.

Recipients shall indemnify, hold harmless, and defend the City of Lincoln and volunteers from any losses or injuries, as provided in the Warning of Risk, Waiver, and Release of All Claims.

Acknowledgement of Guidelines

Recipients shall follow any applicable laws and Aging Partners' policies. Failure to abide by these guidelines or other requirements could result in termination of participation in the volunteer program.

Recipient has read, fully understood, and freely agrees to the guidelines provided herein as consideration of their participation in the volunteer program.

Recipient Signature: _____ Date: _____

Printed Name: _____ Date of Birth: _____