

Contact Information

Name:	
Street Address:	
City, ST. ZIP Code:	
Home Phone:	
Work Phone:	
Mobile Phone:	
E-Mail Address:	
Preferred Method of Communication:	<input type="checkbox"/> Text <input type="checkbox"/> Call <input type="checkbox"/> Email <input type="checkbox"/> Social Media via:
Birthday:	

Availability

1. In general, during which hours are you available for volunteer?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

2. Do you have a reliable source of transportation?

- YES NO

Interests

Tell us in which areas you are interested in volunteering

- | | |
|---|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Communications |
| <input type="checkbox"/> Events | <input type="checkbox"/> Online Management |
| <input type="checkbox"/> Field work | <input type="checkbox"/> Clinic Maintenance |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Creative Writing |
| <input type="checkbox"/> Deliveries | <input type="checkbox"/> Expressing Gratitude |
| <input type="checkbox"/> Phone bank | <input type="checkbox"/> Marketing Development |
| <input type="checkbox"/> Newsletter production | <input type="checkbox"/> Advising |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Leadership |
| <input type="checkbox"/> Other: _____ | |

Agreement and Signature

RIGHT OF PUBLICITY RELEASE:

By signing below, I, _____, hereby consent and grant to Good Samaritan Clinic and its subsidiaries the rights to use and publish my name, likeness, video, image, testimonial (whether written or verbal), voice, and/or photograph (collectively, the "Materials") for commercial and business purposes, including promotional, advertising, and publicity purposes, in any medium, including both online and offline, and whether internally or publicly, to the extent allowed by applicable law. I hereby authorize Good Samaritan Clinic to use, copy, store, modify, adapt, exhibit, publish, broadcast or distribute the Materials, in whole or in part, at the discretion of Good Samaritan Clinic. Further, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my name or likeness appears. I hereby hold harmless, release and forever discharge Good Samaritan Clinic, its employees, agents, successors, licensees and assigns from any and all claims which I, my heirs, representatives, administrators, or any other persons acting on my behalf or on behalf of my estate might have in connection with Good Samaritan Clinic's use, display, dissemination or exploitation of the Materials, including, but not limited to, any claims for defamation; violation of any moral or artists rights; and/or violation of any right of privacy or publicity. I acknowledge that I will not receive, and I hereby waive any right I may have to, royalties or other compensation arising from or relating to the publication, distribution or other use of the Materials as set forth in this Release. I understand and agree that the Materials may or may not contain attributions specifically identifying me or any of my property. I acknowledge that all right, title and interest in the Materials will become the exclusive property of Good Samaritan Clinic and will not be returned. This Release represents the entire agreement between Good Samaritan Clinic and myself with respect to the subject matter hereof. This Release shall apply to all Materials in Good Samaritan Clinic's possession as of the date of this Release and any time thereafter. I may terminate this Release and the consent set forth herein only by providing written notice to Good Samaritan Clinic of my intention to terminate this Release. Such termination shall not operate to revoke consent to any use of the Materials by Good Samaritan Clinic prior to its receipt of the written notice of termination. This Release shall be governed and construed under the laws of the State of Arkansas, excluding its conflict of laws principles.

- I represent and warrant that I am over the age of 18 years and have read and understand the contents of this Release.
- I represent and warrant that I am signing this Release on behalf of the company identified below and that I have authority to bind the company to this Release. All references to "I" or "my" in this Release shall refer to both myself, individually, and the company I represent.

CONFIDENTIALITY AGREEMENT:

For Board of Directors, Affiliate Board Members, Independent Contractor, and Employees

By signing below, I acknowledge that: 1) I have received a copy of the Confidentiality policy; 2) I have read and understand the policy; and 3) I agree to abide by this policy to the best of my ability in my role as a Board member or Affiliate Board member, independent contractor, or employee.

I acknowledge and agree that all confidential information and/or grant files, contribution files, donor records, donor lists, charitable gift information, resource development data, manuals, letters, contracts, agreements, notes, notebooks, records, reports, memoranda and all other Good Samaritan Clinic materials, documents and data used, prepared or collected as part of my work with the Good Samaritan Clinic, in whatever form, are and will remain the property of the Clinic.

Accordingly, I agree that at the end of my relationship with the Good Samaritan Clinic, I will destroy or return to the Good Samaritan Clinic all Clinic documents and other materials of any kind which constitute or contain any confidential information, in my possession or control, regardless of how stored or maintained, including all originals, copies and compilations and all information stored or maintained on computer, tapes, discs, E-mail or any other form of technology.

Signature: _____

Date: _____

Printed Name: _____